

David VanLuven
Town Supervisor
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Director

Town of Bethlehem
Albany County - New York
Senior Services Department
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Emergency Client Information

Date: _____

Last Name First Name Middle Name

Gender Male Female Date of Birth: _____

Address: _____

Street City State Zip Code

Phone (Home) _____ Phone (Mobile) _____
(include area code)

Phone (Work) _____ Ext. _____ Email Address: _____

Would you like information sent to you via e-mail: No Yes

Check all that apply:

Caregiver Issues/Information File of Life Food Pantry General Information

Meals on Wheels Newsletter Transportation Volunteer Schedule

Social History:

Family Status: _____ Lives With: _____

Veteran: No Yes

Medical History:

Primary Doctor: _____

Name Address Phone

Frail/Disabled: No Yes Dialysis: No Yes

Oxygen Dependent: No Yes Insulin Dependent: No Yes

Medical Conditions and/or Physical Limitations: _____

Hospital Preference: _____

PLEASE COMPLETE BOTH SIDES

Additional Information:

Emergency Response System: No Yes

If yes, provider name: _____

File of Life: No Yes

Pets: No Yes Type: _____

Drives: No Yes

Power of Attorney: No Yes

If yes, agent name: _____

Health Care Proxy: No Yes

If yes, agent name: _____

Need more information? No Yes

Emergency contacts: *(include area code for all telephone numbers)*

Last Name	First Name	Middle Name	
Address: _____			
Street	City	State	Zip Code
Phone (Home) _____		Phone (Mobile) _____	
Phone (Work) _____ Ext. _____		Key to residence: _____	
Primary Relation: _____		Email Address: _____	

Last Name	First Name	Middle Name	
Address: _____			
Street	City	State	Zip Code
Phone (Home) _____		Phone (Mobile) _____	
Phone (Work) _____ Ext. _____		Key to residence: _____	
Primary Relation: _____		Email Address: _____	

Last Name	First Name	Middle Name	
Address: _____			
Street	City	State	Zip Code
Phone (Home) _____		Phone (Mobile) _____	
Phone (Work) _____ Ext. _____		Key to residence: _____	
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