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TOWN OF BETHLEHEM

Albany County - New York
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INTAKE FORM

Date: _____ by _____

Name: _____ Date of Birth: ____/____/____
Last First M.I. mm dd yyyy M/F

Address: _____
Street City/State Zip Code

Phone where I can be reached: _____
Number Cell Phone E-mail address

If renter, name and telephone number of landlord: _____

Total number of people who live in my household, including myself: _____

Do you have an emergency response system (e.g. Lifeline, Link to Life, Alert One) _____ Provider: _____

Marital Status: _____ Do you have a File of Life? _____ (Please update it annually)

EMERGENCY CONTACT

Name _____

Address _____

Relationship to you: _____ House Key? _____

Phone No. _____

Home Work

Cell phone E-mail address

EMERGENCY CONTACT (More space on back)

Name _____

Address _____

Relationship to you: _____ House Key? _____

Phone No. _____

Home Work

Cell phone E-mail address

Doctors' Name(s) and Phone Numbers _____

Do you have a Power of Attorney? _____

Do you have a Health Care Proxy? _____

Would you like more information on either? _____

(Please continue on other side of page)

Are you a Veteran? _____

Do you receive Veteran's benefits? _____ Have a photo I.D.? _____ V.A. Team: _____

If your income is at or below \$2030 per month (or \$2657 for two in household), you are eligible for the Home Energy Assistance Program (HEAP) and other programs. Would you like more information about HEAP? _____

Do you have any pets? _____ Name of veterinarian: _____

Religious Affiliation: _____

Name of place of worship, if any: _____

Do you drive? Yes___ No___

I have the following Medical Conditions and/or Physical Limitations: _____

Do you have a preferred hospital in case of emergency? _____

Additional Emergency Contacts:

Name _____

Name _____

Address _____

Address _____

Relationship _____ House Key? _____

Relationship _____ House Key? _____

Phone: _____

Phone: _____

Home

Work

Home

Work

Cell phone

E-mail address

Cell phone

E-mail address