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Director

Town of Bethlehem  
Albany County - New York  
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## Client Information

(CI)

The purpose of this form is for emergency use and statistical calculation  
Internal Use Only

Date: \_\_\_\_\_

|                               |   |  |             |          |
|-------------------------------|---|--|-------------|----------|
| Last Name                     |   | First Name   | Middle Name |          |
| Gender                        | <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth: _____                                     |             |          |
| Address: _____                |   |  |             |          |
| Street                        |   | City   | State       | Zip Code |
| Phone (Home) _____            |   | Phone (Cell) _____<br><small>(include area code)</small> |             |          |
| Phone (Work) _____ Ext. _____ |   | Email Address: _____                                     |             |          |
| Marital Status: _____         |   | Lives With: _____  |             |          |

Would you like to be added to our e-mail list? \_\_\_No \_\_\_Yes

Medical Conditions and/or Physical Limitations: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Disabled: \_\_\_No \_\_\_Yes      Oxygen Dependent: \_\_\_No \_\_\_Yes

Dialysis: \_\_\_No \_\_\_Yes      Insulin Dependent: \_\_\_No \_\_\_Yes

Race: (Optional) **Please check all that apply:**

\_\_\_ American Indian/Alaskan Native

\_\_\_ Asian

\_\_\_ Black or African American

\_\_\_ Native Hawaiian/Other Pacific Islander

\_\_\_ White Hispanic

\_\_\_ White Non-Hispanic

Other \_\_\_\_\_

**PLEASE COMPLETE BOTH SIDES**

Additional Information:

Emergency Response System: \_\_\_No \_\_\_Yes

Sheriffs Registry: \_\_\_No \_\_\_Yes

If yes, provider name:\_\_\_\_\_

Safe ID:\_\_\_\_\_

File of Life \_\_\_No \_\_\_Yes

Pets: \_\_\_No\_\_\_Yes Type:\_\_\_\_\_

Health Care Proxy \_\_\_No \_\_\_Yes

Drives:\_\_\_No\_\_\_Yes

Power of Attorney: \_\_\_No \_\_\_Yes

Veteran:\_\_\_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 (Cell)_____      |             |  |
| Phone (Work)_____Ext._____ |  |            | Key to residence:_____ |             |  |
| Relationship:_____         |  |            | Email Address:_____    |             |  |

|                            |  |            |                        |             |  |
|----------------------------|--|------------|------------------------|-------------|--|
| Last Name                  |  | First Name |                        | Middle Name |  |
| Address:_____              |  |            |                        |             |  |
| Street                     |  | City       |                        | State       |  |
|                            |  |            |                        | Zip Code    |  |
| Phone (Home)_____          |  |            | Phone (Cell)_____      |             |  |
| Phone (Work)_____Ext._____ |  |            | Key to residence:_____ |             |  |
| Relationship:_____         |  |            | Email Address:_____    |             |  |

|                            |  |            |                        |             |  |
|----------------------------|--|------------|------------------------|-------------|--|
| Last Name                  |  | First Name |                        | Middle Name |  |
| Address:_____              |  |            |                        |             |  |
| Street                     |  | City       |                        | State       |  |
|                            |  |            |                        | Zip Code    |  |
| Phone (Home)_____          |  |            | Phone (Cell)_____      |             |  |
| Phone (Work)_____Ext._____ |  |            | Key to residence:_____ |             |  |
| Relationship:_____         |  |            | Email Address:_____    |             |  |

Photograph Release

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**Initial** \_\_\_\_\_