

Staff Use Only

Enrollment Date: _____



524-2786

One Call Club for Seniors Enrollment

Name	DOB	Last 4 S.S. #
Street Address		
City	State	Zip
Phone(s)		
Email		
Referred by:		

Emergency Contact Information

Name	Relationship	
Street Address		
City	State	Zip
Phones(s)		

Emergency Contact Information

Name	Relationship	
Street Address		
City	State	Zip
Phones(s)		

Preferred Hospital: _____

Preferred Physician: _____ **Phone #:** _____

1.) How would you like to be contacted?

- Phone
- Mail
- Email

(FOR REPORTING PURPOSES TO THE ROBERT WOOD JOHNSON FOUNDATION)

Health & Medical History

- | | |
|---|---|
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Breathing Problems |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Cataracts |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Urinary Problems |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Ankle / Leg swelling |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Cognitive Problem |
| <input type="checkbox"/> Mental / Emotional Condition | |

Other _____

How would you rate your health?

- Excellent Good Fair Poor

In the past year, how many times have you been hospitalized?

- None 1 2-3 3+

In the past year, how many times have you had to use emergency room care?

- None 1 2-3 3+

In the past year, how many times have you fallen?

- None 1 2-3 3+

In the past six months, have you stayed in a nursing home, residential care, rehab or other institution? (If yes, please list reason)

- Yes _____
 No

How often do you have contact with family or friends? (Phone and / or in person)

- Once a week or less 5-6 times a week
 2-4 times a week Daily

When you make a decision about something, in general how do you do it/

- By myself (or with a spouse)
 I talk it over with friends/family and then I decide
 I talk it over with friends/family and do what they think best
 I let other people (including spouse and other family members/friends) make decisions for me.

WHICH OF THE FOLLOWING DAILY TASKS, CAN YOU DO WITHOUT HELP? IF YOU CANNOT, PLEASE MARK IF YOU CURRENTLY HAVE ENOUGH HELP TO DO.

Task	Yes	No but have enough help	No and have no adequate help
Get around inside your home			
Bathe			
Dress			
Manage your money			
Prepare your own meals			
Do ordinary housework			

Size of Household

- One
- Two
- Three or more

Own House / Condo

- Yes
- No

Highest Education Completed

- High School / GED
- Technical / Business School
- College
- Graduate School

Rent Home / Apartment

- Yes
- No

Gender

- Female
- Male

Ethnicity (Hispanic Latino)

- Yes
- No

Race

- African American
- Asian
- Caucasian
- National Hawaiian / Pacific Islander
- American Indian
- Other

Income Level (Optional)

One Person Household

- Less than 15,315
- 15,316 – 25,525
- 25,526 – 49,999
- 50,000 – 99,999
- Over 100,00

Two Person Household

- Less than 20,535
- 20,536 – 34,225
- 34,226 – 49,999
- 50,000 – 99,999
- Over 100,000

Apply for subsidy? (Membership Access Plan)

- Yes** (If yes, please simply sign application and staff will contact you to discuss.)
- No**

PAYMENT INFORMATION

Amount Due: _____

Do you want to pay today for your membership?

- Yes
- No

- Cash
- Check (Check # _____)

Member Signature: _____ **Date:** _____

**PLEASE RETURN TO:
KNOXVILLE-KNOX COUNTY CAC
OFFICE ON AGING
ONE CALL CLUB FOR SENIORS
PO BOX 51650
KNOXVILLE, TN 37950**