

Always in Touch

SPONSORED BY
Always Best Care® Senior Services

Program Agreement

Always in Touch is a free program created by Always Best Care Senior Services which offers peace of mind to individuals, family and friends, and provides daily socialization and telephone reassurance for seniors so that they are “not alone.” Always in Touch is staffed by volunteers who place calls to participants according to a schedule which has been agreed upon by the senior or his/her family.

If a senior does not answer a call, Always in Touch will follow the protocol the senior or his/her family has prescribed and call designated family members or friends.

Always in Touch is intended to serve seniors or disabled adults who are homebound, isolated, living alone, recuperating from an illness or in need of daily contact on either a temporary or permanent basis.

How the Program Works

Always in Touch volunteers will do their best to place calls at agreed upon time frames. They are instructed to allow the phone to ring up to 15 times and, if there is no answer, to try again in 15 minutes. If there is still no answer, they will try to reach emergency contacts* designated in the Application. However, because this is a program staffed by volunteers, we cannot guarantee that they will always follow our protocols.

Signature of Responsible Party

Date

*** We will not call the police department or other public agency unless we are on the phone with the senior and it's an emergency. This program is not designed to replace medical care, personal care, home care or emergency response systems. If you require guaranteed responses, we recommend that you contract with a company such as a local Always Best Care Senior Services office, which provides paid, guaranteed services.**

*Always
in Touch*

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Release of Information

PARTICIPANT NAME _____

ADDRESS: _____

TELEPHONE: _____

BIRTH DATE: _____

In an effort to meet the needs of *Always in Touch* participants, it is sometimes necessary to contact and share information with other community services and agencies. This may include the disclosure of personal or confidential information. Sharing this information is intended to assist participants of the *Always in Touch* program.

_____ I authorize the *Always in Touch* program to obtain and/or disclose confidential information to/from other community social services agencies.

Always in Touch Participant

Date

or _____

Legal Representative

Date