

Just Checking Enrollment Form

Date: _____ Form Completed By: _____ **BOOK:** _____

Client Full Name: _____
Last *First with Salutation (Mr. / Mrs./ Ms.)*

Address: _____
Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Email (if any) _____

Best Time to Call: _____

Gender: _____ Birthday: _____ Age: _____ Race: _____

Shirt Size _____ Pant Size _____ Shoe Size _____

Back up Contacts

Back up contacts (a relative or nearby neighbor—may be the facilities manager) to contact in case of emergency or if the person cannot be reached on an ongoing basis. 3 (Three) consecutive days.

Name: _____ Relation: _____

Primary Phone: _____ Alternate: _____

Address: _____

City/State/Zip _____

Name: _____ Relation: _____

Primary Phone: _____ Alternate: _____

Address: _____

City/State/Zip _____

Life Situation, Health Problems, Personal Issues, Etc.

Referred By: _____ Relation: _____

Phone: _____ Alternate: _____

The Crisis Center, Inc. hotlines are staffed 24 hours a day, seven (7) days a week. In addition to acting as a "listening ear" for our surrounding communities, we offer a "Just Checking" service to our Senior Citizens, disabled or physically ill individuals, as well as anyone left alone, such as "Latch Key" kids.