

SERVICE APPLICATION

Please complete all sections, this side only.



Mr. Mrs. Miss Ms. Name _____

Address _____

City/Town _____ Postal Code _____

Mailing Address _____
(If different from above)

Phone _____ Date of Birth: _____ M _____ D _____ YR

Ontario Health Card Number _____

Please describe your health status / concerns (additional information may be requested) _____

Doctor _____ Phone _____

Services Requested: (not all services are available in all offices)

- Caremobile (must accompany a Supplementary Health Information Form)
- Blood Pressure Diners Club Foot Clinic Friendly Visiting
- Health & Wellness Home Making Home Maintenance Meals on Wheels
- Personal Distress Alarm Telephone Reassurance Checks Transportation

Contact Persons	Relationship	Home Phone	Work Phone
1.			
2.			
3.			

- I understand that Community Care provides services primarily by volunteers and brokered workers, who are not necessarily experts in their field of service.
- Community Care will not assume liability or responsibility for private arrangements.
- I understand that any information obtained by Community Care will be kept confidential.
- I give my consent to Community Care to gather information for the purposes of assessing and providing services to me, and to gather and share information with appropriate professionals or family members involved in my care.
- I understand that as a client I may contact Community Care Peterborough at any time to discontinue service and/or receipt of mailings.

Applicant Signature _____ Date _____

**Return your completed application to your local
Community Care Office**