



Friendly Visitor/Caller Recipient Application

Please return to: Lauren Marino, Community Outreach Social Worker
Suffield Community Aid
450 South Street, Suffield, CT 06078
(860) 668-1986

Please complete form in its entirety:

Name: _____ DOB: _____ Gender: _____

Address: _____ Phone 1: _____ Phone 2: _____

Email Address: _____

Marital Status: _____ Primary Language: _____

Length of time you have lived in Suffield: _____

How did you hear about this program?

Do you have any special interests, skills, talents or hobbies that you would like to share?
(*will be shared with Friendly Visitor/Caller)

Do you have any personal preferences for your Friendly Visitor/Caller?

Gender _____ Age _____ Religion _____

Do you have any preferences such as no smoking, no pets, etc...?

Do you have any allergies or medical conditions we should be made aware of?

Do you have any physical limitations?

Emergency contact 1 information: (Name) _____ (Phone) _____

Emergency contact 2 information: (Name) _____ (Phone) _____

Printed Name: _____ Date: _____

Signature: _____

For Office Use Only:

Date Received: _____

_____ Approved _____ Not Approved