

SENIORS OUTREACH MEMBERSHIP APPLICATION

Seniors Outreach Programs
20605 - 51B Ave., Langley B.C. V3A 9H1
604-530-3020

Date: _____

NAME: (Mr/Mrs/Miss/Ms) _____

APT.#: _____ STREET #: _____

Name of Building: _____ (if any)

POSTAL CODE: _____ PHONE: _____

BIRTH DATE: _____ (month/day/year)

FAMILY DOCTOR: _____ PHONE: _____

DOCTOR'S ADDRESS: _____

Health problems we should be aware of:

NONE HEARING IMPAIRED DIABETIC

WHEELCHAIR VISION IMPAIRED EPILEPTIC

CANE ARTHRITIC Oxygen

WALKER Other comments: _____

Other services in the home:

HOMEMAKER DAYS OF SERVICE _____ DVA

MEAL DELIVERY DAYS _____ LIFELINE

B.C. HANDICAP PARKING PERMIT _____ HANDIDART

Other Services: _____

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Who can be contacted in case of emergency?

Name of Contact: _____ Phone: _____

Relationship: _____

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Relationship: _____

How did you hear about the Outreach Programs?