



Are You O.K.?® Intake Form

A Program run by the Humboldt Senior Resource Center

in collaboration with

City Ambulance, Humboldt Bay Fire and Arcata Fire District

First Name	Last Name	
Street Address		
Building Name	Apt. #	
City	State	Zip

If Possible, please provide at least 1 local contact.

() -
Phone #
/ /
Date of Birth
: AM
Time to Call*

*HSRC Suggest you use the call as your alarm clock in the morning.

Emergency Contact:	Emergency Contact:	
First Name	Last Name	
Street Address		
Building Name	Apt. #	
City	State	Zip
() -	() -	() -
Phone Number	Cell Number	Other Number
Key holder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Relationship:		
Emergency Contact:	Emergency Contact:	
First Name	Last Name	
Street Address		
Building Name	Apt. #	
City	State	Zip
() -	() -	() -
Phone Number	Cell Number	Other Number
Key holder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Relationship:		

For Special Remarks

Please fill out and return with your \$12 one time fee to: Humboldt Senior Resource Center
 1910 California Street
 Eureka, CA 95501

Questions? Please Call 443-9747 ext. 1228

<i>For Office Use Only</i>	Key Location:	One time fee paid: Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Date Enrolled:	Hold Harmless Form Filled out: Yes <input type="checkbox"/> No <input type="checkbox"/>	