

Warm and Friendly Call Program Enrollment Form

Name: _____ Date of Birth: _____

Gender: Female ___ Male ___ Home Phone: _____ Cell Phone: _____

Address: _____

City, State, Zip: _____

Race (Circle One): American Indian/Alaskan Native Asian Black or African American
Native Hawaiian/Pacific Islander White (Not Hispanic) White (Hispanic) Other

Days of week when you would like to receive a call:

Sunday _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Please circle the time period(s) you are available to receive a call:

2:00 PM – 4:00 PM 4:00 PM – 6:00 PM 6:00 PM – 8:00 PM 8:00 PM – 9:00 PM

List two people we may call if we are unable to reach you. Please include your apartment manager if you live in an apartment building, or a staff member if you live in a group home or other type of shared home.

First Contact:

First Name _____ Last Name _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Work/Other Phone _____ Relationship _____

Second Contact (if available):

First Name _____ Last Name _____

Address _____

City, State, Zip _____

Home Phone _____ Cell Phone _____

Work/Other Phone _____ Relationship _____

Do you have a Community Treatment Team? Yes _____ No _____

If yes, please give us the following information.

CTT Provider _____ Team Number _____

Team Contact _____ Phone Number _____

CTT Emergency Phone Number _____

Do you live alone, or do you live with other people? _____

If we reach your answering machine, is it okay to leave a message? _____

In what areas of life can our call program support you? _____

In the event of an emergency, what is your preferred hospital? _____

Do you have any type of Medical Assistance, such as:

HealthChoices? _____ Aetna? _____ Gateway? _____ UnitedHealthcare? _____

UPMC for You? _____ Other? _____

If you answered yes, please provide your Medical Assistance number: _____

I do not have Medical Assistance _____

How did you hear about us?

Certified Peer Specialist _____ Community Treatment Team _____ Therapist _____ Friend

Social Worker _____ Allegheny County Warm Line _____ Ad _____ Hospital _____

re:Solve Crisis Network _____ Other _____

Please read, date, and sign. By signing this form below, I am verifying that I am over 18 years old and that I wish to receive a reassurance call. I agree to notify the PSAN Warm and Friendly staff of Allegheny County if I will be unable to answer the telephone at the regular time. I give the PSAN Warm and Friendly staff permission to have someone visit me in the event I do not answer the phone. I am aware that if I choose to withdraw from the Warm and Friendly Program, I may do so at any time by contacting the Warm and Friendly staff.

Signature: _____ Date: _____

If someone other than the applicant is completing this form, please fill out the following:

Relationship: _____ Phone: _____

Please mail completed form to: Peer Support and Advocacy Network, c/o Warm & Friendly Call Program, 960 Penn Avenue, Suite 1100, Pittsburgh, PA 15222