

Request to Phone Me with Help

First Responder Referral Project
Information and Assistance to Keep You Safe and At Home

Name _____ Phone (415) _____

Address _____

Family Caregiver? No Yes

Name _____ Phone _____

Any other help, such as a neighbor?

Name & relationship _____ Phone _____

Describe Situation _____

**By signing below, I invite you to ask Marin County Aging and Adult Services to phone me about my situation, and allow them to contact other help organizations as needed.
I would like help with:**

___ Transportation to medical appointments. ___ Taking care of my spouse or partner.
___ House cleaning and organizing. ___ Food shopping and meals. ___ Reducing trip hazards.
___ Having more social activities. Other _____

Signature of Patient or Caregiver

Date

First Responder Name

Station/ Shift

Station Phone or Personal Cell

-If this person was transported to Emergency: KP MGH NCH

First Responder — please fax this completed form to:
1. Marin County Aging & Adult Services: (415) 473-7042 or (415) 473-6465
phone (415) 457-4636, M-F 8:30-5 www.mainhhs.org/aging-adult-services
2. Kentfield Fire Protection District: submit copy of this form to Administrative Assistant / Adult Services File