



Senior Safety Program
Senior Information/Referral Sheet (Confidential)



DATE: _____

SURNAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

DATE OF BIRTH: _____

CIVIC ADDRESS: _____

MAILING ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

CO-HABITANTS: _____

NEXT OF KIN: _____ PHONE NUMBER: _____

Additional Contacts & Phone Number (family, neighbour, etc)

Comments: (Reason for Referral)

Would you like a home visit? YES NO

All information received within the Senior Safety Program is confidential and not disclosed to outside sources unless the senior's immediate safety is at risk.

Please fill out the form and return it to the address below. It can also be dropped off at the municipal office, 932 Highway 1 in Hebron.

Senior Safety Coordinator: Ashley Rhyno
Municipality of the District of Yarmouth Senior Safety Program
156 Starrs Road, Yarmouth, NS B5A 5J7
Phone: 902-881-4099