



# Well Connected

A COVIA COMMUNITY SERVICE



# Social Call

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## Registration Form

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 County: \_\_\_\_\_ Email: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Well Connected** offers virtual conversations, classes, support groups, lectures, games, and much more! Find meaningful, fun conversations with others via phone or online conference 365 days a year.

**Social Call** matches individuals for one-on-one conversations by phone or in-person. In-home visits are currently available in the following California counties: Alameda, San Francisco, Marin, and Sonoma. Phone visits are available throughout the United States.

Which program/s would you like to register for:  Well Connected  Social Call

How did you hear about us? \_\_\_\_\_ Annual Income: \_\_\_\_\_

Gender: \_\_\_\_\_ Sexual Orientation: \_\_\_\_\_

With whom do you live? \_\_\_\_\_ Education Level: \_\_\_\_\_

Race/Ethnicity: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Do you drive?  Yes  No

If no, how do you get around? \_\_\_\_\_

Physical Limitations  None  Other: \_\_\_\_\_

Mobility:  Use Cane/Walker  Use Wheelchair

Have you fallen in the last six months?  Yes  No

Hearing:  Low Hearing  Deaf  Uses a hearing aid

Hears some things more clearly than others

Vision:  Low Vision  Blind

Other health information: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**For Well Connected:**

How would you like to receive Well Connected information:

- Email     U.S. Mail     U.S. Mail Audio     U.S. Mail Braille

**For Social Call:**

What is your gender preference for your friendly visitor?     Male     Female

Please tell us a little about your interests and hobbies, and what you like to do for fun:

Are there other programs you participate in for socialization?     Yes     No

Please describe: \_\_\_\_\_

How satisfied are you with the kinds of relationships you have with your family & friends?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Very Satisfied	Somewhat Satisfied	Neutral	Somewhat Dissatisfied	Very Dissatisfied

Please check the box that best represents how you feel:	Hardly Ever	Some of the time	Often
How often do you feel you lack companionship?	1	2	3
How often do you feel left out?	1	2	3
How often do you feel isolated from others?	1	2	3

Please submit your registration by snail mail, email, or phone  
Mail: **Well Connected/Social Call | 881 Turk Street | San Francisco, CA 94102**  
Email: **coviaconnections@covia.org**  
Phone: **(877) 797-7299**