P A C O – Buenos Días

Reassurnace Calls Application

Please complete the following application to be placed on the Buenos Días Calls program

P A C O Senior Office

398B Manila Avenue

Jersey City, NJ 07302

For questions and assistance, please contact us at:

201 963-8282 or efrancisco@pacoagency.org

OPT IN ☐ OPT OUT ☐ for the morning calls.

This form will be kept at the PACO Senior Office should the need arise.

Your Full Name: _____

Address: _____

City: _____

House Phone: _____

Cell Phone: _____

Emergency Contact A:

Name: _____

Address: _____

City: _____

Phone Number: _____

Emergency Contact B:

Name: _____

Address: _____

City: _____

Phone Number: _____

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I prefer to receive phone calls on the following days:
(No Calls on Holidays)

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___

The calls start at 8:30 am to 11:00 am.

- **I understand I am being scheduled to receive a call on my designated day(s). If I do not answer the telephone, my designated emergency contacts will be called.**
- **I understand I am responsible for notifying the P A C O Senior Services of any changes, whether temporarily or permanent, by calling 201 963-8282, Monday thru Friday 9:00am – 4:00pm.**
- **I acknowledge that the P A C O Senior Program is providing this service as a convenience, and as such, is not receiving any compensation.**
- **I recognize that the P A C O Senior Program may, in its sole discretion, terminate this service at any time: but I will be given adequate notice of the decision to terminate the service.**
- **I hereby release and hold harmless the P A C O Senior Program, its employees, from any and all claims for damages arising from failure, for any reason, to provide the service.**

_____ _____

Signature **Date**