## **PACO-Buenos Días**

## **Reassurnace Calls Application**

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

PACO 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**  $\Box$  **OPT OUT**  $\Box$  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:	

## **PACO** – Buenos Días

## **Reassurnace Calls Application**

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