



SENIOR COMPANION PROGRAM, INC.

VISITEE INFORMATION

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Phone: _____ **Date of Birth:** _____ **Ethnicity:** _____

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed ___ Life Partner

Living compositions: ___ Own Home/Apt. ___ Assisted Living ___ Group Home
___ Nursing Home

Household: ___ Alone ___ W/Spouse ___ W/Child ___ W/Relatives ___ W/Life Partner

Hobbies, Interests: _____

If possible:

Emergency Contact: _____ **Phone:** _____

Children/Relative/Other: _____

Completed by: _____ **Date:** _____