

# Phone Care



Assisting Our Communities  
Through Volunteerism

 **Morton Plant Mease**  
BayCare Health System  
Volunteer Resources

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## What is Phone Care?

A FREE telephone reassurance program sponsored by Morton Plant Mease Volunteer Resources. Seven days a week, volunteers receive and place phone calls to community members who live alone to check on their well-being. **Calls are made Monday–Friday between 8:30 and 10:30am. You will be assigned a volunteer to call you on the weekends.**

## When do I call?

Once your enrollment is confirmed, you will call each morning, Monday–Friday, between the hours of 8:30 and 10:30am. For weekend coverage, a volunteer will be assigned to call you between 8:30 and 10:30am.

## What number should I call?

After you are enrolled, you will call (727) 734-6421.

## Why do you want my neighbor's/ emergency contact's name?

If you fail to call in, and if we do not get an answer when we call you, we will contact your neighbor. If we are unsuccessful in contacting your neighbor/ emergency contact or your neighbor/emergency contact is unable to speak with you, we will send someone to your home.

## How and who will enter my home if you are unable to contact me?

If your neighbor/emergency contact is unable to reach you, we will contact the sheriff's office to conduct a welfare check. Should the need arise, the best way to handle entrance into your home is to have your neighbor/emergency contact listed on the registration form. Advise your neighbor/emergency contact on how you want the situation handled.

## If I know I am going to miss my morning call, what should I do?

If you will be away from home, be sure to notify your Phone Care volunteer. We ask that you let us know no later than the day before your planned absence(s).

## When is the Phone Care line staffed?

Volunteers staff the Phone Care line from 8:30 to 10:30am. You will be assigned a volunteer to call you on the weekends.

## Must I call in every weekday?

Yes. You must call in every morning unless you have made other arrangements. Those arrangements must be communicated to the Phone Care volunteer.

## What do I say when I call?

When you call the Phone Care line, please state your name and inform the volunteer that “all is well.”

## Who can use the service?

If you live alone and would like the comfort of speaking to someone on a regular basis, we invite you to become a Phone Care recipient.

## How do I enroll?

Complete the form on the back of this brochure. When your registration is received, a Phone Care volunteer will call you to confirm your enrollment.

## Permission to Call

Enroll me in Phone Care. I understand I am to call in each morning and that if I do not call in before **10:30am, Monday–Friday**, a volunteer will call me. On Saturday and Sunday, my assigned volunteer will call me. If no one answers at my home, a volunteer will call my neighbor or my emergency contacts. If you are unable to communicate with me, you will contact the local sheriff's office for assistance.

It is my understanding that there is no charge for this service and that its success will depend on my cooperation. **Therefore, I hereby release and hold harmless the Trustees of Mease Hospital, Morton Plant Mease Health Care and any other organization or person involved in this program, including their agents, servants or employees, from any and all liabilities, medical claims, losses, injuries and expenses which may arise from my participation in the Phone Care program. This release includes all warranties, either expressed or implied.**

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Birthday (month and day): \_\_\_\_\_

Neighbor/emergency contact #1: \_\_\_\_\_

Contact #1 phone: \_\_\_\_\_

Neighbor/emergency contact #2: \_\_\_\_\_

Contact #2 phone: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Neighbor authorized to enter your home: \_\_\_\_\_

Authorized neighbor phone: \_\_\_\_\_

**After completing this form, cut along the dotted line and mail to:**  
**Department of Volunteer Resources**  
**MS 454**  
**601 Main St.**  
**Dunedin, FL 34698**

