



ENROLLMENT FORM CARES & NO-ONE-FIGHTS-ALONE

Member ID

First Name

Last Name

Gender M F

Date of Birth

Address

City

State Zip

Home Phone #

Cell Phone #

E-Mail

Contact Preference

Home

Mobile

Emergency Contact

Name:

Contact #

Current Member

Yes No

Referring Clinic

Provider Name

Provider Phone #

Program Enrollment

CARES Fitness No-One-Fights Alone

Referred by

Healthcare Professional

Family/Friend

YMCA Staff

Website

Social Media

Status of Condition

In Treatment

In Recovery

Name of Condition

Cancer

Heart Condition

Pre-Diabetes

Diabetes

Auto Immune Disorder

ALS

Alzheimer's

Dementia

Other

Household Income

0-10,000

10,001-20,000

20,001-30,000

30,001-40,000

40,001-50,000

50,001 and above

Services Requested

Grocery Pickup

Prescription Pickup

Lawn Work

Snow Removal

Light Housekeeping

Weekly Calls

Social Visits

Rides to Appointments

Other

For program information please contact: Vickie Leavens
W(907) 646-8105 C(907)529-8627
vickie@ymcaalaska.org

