



PLEASE SEND COMPLETED FORM & PHOTO TO:
CaringKind NYC Wanderer's Safety Program
360 Lexington Ave, 3rd Floor, New York NY 10017

**CODE:
CARINGKIND**

CARINGKIND NYC WANDERER'S SAFETY PROGRAM: NEW ENROLLMENT FORM

MEMBERSHIP ENROLLMENT

(All fields required)

LAST NAME

FIRST NAME

ADDRESS

APT # CITY STATE ZIP

CELL PHONE HOME PHONE

BIRTHDATE (MM/DD/YYYY) LAST 4 DIGITS OF SSN

IS THE MEMBER A VETERAN? YES NO

GENDER (CHECK ONE)

Female Male

Prefer to self-describe: _____

PRIMARY EMERGENCY CONTACT - FULL NAME

ADDRESS (NO P.O. BOX)

APT # CITY STATE ZIP

CELL PHONE HOME PHONE

EMAIL:

SECONDARY EMERGENCY CONTACT - FULL NAME

SECONDARY CONTACT TELEPHONE

SECONDARY CONTACT EMAIL:

For more information, or to enroll online, visit:

www.caringkindnyc.org/wandersafety

or call our Helpline: 646-744-2900

INFORMATION FOR YOUR EMERGENCY HEALTH RECORD

MEDICAL CONDITIONS & DEVICES

Alzheimer's Other Dementia

(For medical device, please include model number)

ALLERGIES

List all known food, drug, or other allergies

MEDICATIONS

List all medications and dosages, including inhalers

RECENT PHOTO OF MEMBER PROVIDED?

Yes No

Send original photo - passport size or larger. Photo will not be returned. Please write member's name on back of photo.

