

Neighbor Data Sheet

(Return to VICaP Office: PO Box 3004, Sierra Vista, Arizona 85636)

Printed Name _____ Date of Birth _____

Physical Address _____
(House Number & Street)

City _____ State _____ Zip Code _____

Phone _____ Alternate Phone (if applicable) _____

Mailing Address if different from Physical Address:

_____ City _____ State _____ Zip _____

Please circle Yes or No:

Are you a veteran? Yes No

Eligible spouse of a veteran? Yes No

Do you live alone? Yes No

In the past year, have you:

- missed medical appointments due to lack of transportation? Yes No
- been unable to obtain your prescriptions due to lack of transportation? Yes No
- been unable to get groceries due to lack of transportation? Yes No

Mobility Device (circle which one(s) you use): Walker Cane Wheelchair

If you use a wheelchair, is it (circle which is true):

Electric (requires wheelchair-accessible vehicle) Fold-up (able to transfer in/out of vehicles)

Known disability, and other medical conditions you would like to make us aware of:

Primary Care Physician: _____ Phone _____

Local Emergency Contact:

Name _____ Relationship _____

Phone _____

I understand and accept the Neighbor Agreement _____
(Sign/Date)

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