



Your Life. Your Home. Our Help.  
 PO Box 937 | 407 S. Main St., Leland, MI 49654  
 231.256.0221 | sharecareleelanau.org

OFFICE USE	
Enrollment Date _____	
ID# _____	Region _____

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 E-mail Address \_\_\_\_\_

Would like to receive current information and newsletter *The Connector* via  email or  USPS mail

Winter Mailing Address \_\_\_\_\_  
 Winter City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Winter Phone (\_\_\_\_) \_\_\_\_\_ Gone from \_\_\_\_\_ to \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Nickname \_\_\_\_\_  
 Partner's Name \_\_\_\_\_ Church \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Other Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Are you a NPalliative Client? Yes  No  Are you fully vaccinated for COVID? Yes  No

Would you like a Care Coordinator to contact you for a health assessment? Yes  Not at this time

Do you live alone? Yes  No  Do you have a generator Yes  No

Do you have family in the area? Yes  No

Family Member \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Nearest Neighbor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

	Emergency Contact #1	Emergency Contact #2
Name		
Relation		
Phone		
Cell		
Email		
Address		
City, St. Zip		

Chronic Conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 Allergies \_\_\_\_\_

**INTERESTS:** *(please mark all that apply)*

Art  Handcrafting

Events: Lectures  Musicals/Concerts  Organized Events

Cards/Games  Sports

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\$75.00 Individual - Check enclosed  Prefer credit card payment option

\$125.00 Household - Check enclosed  Prefer credit card payment option

Please make check payable to **ShareCare of Leelanau**.

A ShareCare staff member will contact you by phone for credit card payment.

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ShareCare requests that everyone involved with the organization respects all aspects of confidentiality whether they are personal, medical, or financial.

Note: To support you with volunteer services, ShareCare provides publicly available contact information (name, address, phone, email) with others in your community who are involved with ShareCare. ShareCare periodically uses photographs of events on our website or in publications. If you do not want us to use your photograph, please let the office know.