



The Agency on Aging of South Central CT
Supported by a grant from the
CCC/Trusted Ride Certified
And Interfaith Volunteer Caregivers

Vaccine Buddies / Request for support

Name: _____ Home Phone: _____

Cell Phone: _____ Email: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ () Sex: _____ Veteran: No / Yes, branch _____

Eligible occupation (including "retired"), _____

Primary Language: English _____ Spanish _____ Other _____ Are you fluent in English? Y _____ N _____

Emergency Contact: Name: _____ Phone: _____

Do you have transportation? _____. If no, can we refer you to Interfaith Volunteer Caregivers and see if they can offer you transportation for the vaccine? _____ if no, why not _____

How did you hear about Vaccine Buddies? _____

Comments/Requests: _____

Date Request received: _____ Date assigned: _____ Volunteer: _____

Date of 1st appointment: _____ Time: _____ am/pm. Type of vaccine: _____

Location of appt.: _____

Date of 2nd appointment: _____ Time: _____ am/pm.

