TESTIMONIALS



"There were days when I would've forgotten my medicine, and Telecare has been really helpful for me."

— Garla



"I like Telecare! It's nice to have someone who cares to check on me every day!"

Charles



"I like how uplifting and giving everyone is at Telecare. Staff are always there to listen."

Julie













CONTACT

A Better Way Services, Inc.



CALL 765-747-9107

SIGN UP abetterwaymuncie.org

OUR MISSION

To reduce domestic abuse, sexual assault, suicide and homelessness through service, shelter, crisis intervention and prevention initiatives.







































Muncie: 765.747.9107

Richmond: 765.966.0538

abetterwaymuncie.org

SCAN QR CODE FOR TELECARE APPLICATION

ABOUT

What is Telecare?

Telecare is a service through which A Better Way makes daily calls to older, disabled, or homebound adults.

Telecare provides comfort and joy not only to those being called, but also to their loved ones, knowing that someone is checking in each day.

CALLS

- Calls available daily between 8 AM and 5 PM, including weekends and holidays.
- Our staff provide medication reminders, safety checks, and friendly conversation.
- You can create a schedule based on your availability.
- If we are unable to reach you, we can call back every 15 minutes for the next hour, call emergency contacts, or conduct safety checks.
- YES!

 Please contact my emergency

Please contact my emergency contact if you are unable to reach me.

TELECARE APPLICATION

Client Name First Last			Schedule Information Telecare calls are made between the hours of 8 AM and 5 PM daily. Indicate what day(s) of the week and whatime you would like to be called. You may choose more than one call per day.						
					Address	S		MONDAY	MORNING
						Ctroot		TUESDAY	AM/PM
						Street		WEDNESDAY	AFTERNOON
City	State	Zip	THURSDAY						
C11			FRIDAY	AM/PM					
Contact			SATURDAY	EVENING					
Email			SUNDAY	AM/PM					
	Home Phone		Please call for:						
	Cell Phone		Social Call	Safety Chec					
	Oell I Hone		Medication Re	minder					
About			Emergency Cont	act*					
Date of Bi	irth	Gender	*We will contact you for emergency contacts						
Hobbies			First Name	Last Name					
Client Signature				Contact Number					