

Providing a lifetime of care...

St. Anthony Community Hospital

Comprehensive prenatal, obstetrical, medical, emergency, surgical, diagnostic, acute care, and outpatient services.

845-986-2276

Mount Alverno Center

New York State certified adult home and licensed assisted living program.

845-986-2267

Schervier Pavilion

Short or long term skilled nursing care.

845-987-5717

Day-At-A-Time

Innovative adult day health care program.

845-987-5767



Physician Line

Call 1-800-972-4023

toll-free, 24-hours a day
for up-to-date information
on our member physicians.

For information on the CARING CALLER

PROGRAM
please call
845-987-5632

MISSION

The Mission of Bon Secours Health System is to bring compassion to health care and to be good help to those in need, especially the poor and the dying.

As a System of caregivers, we commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church.

State and Federal Laws prohibit discrimination against any employee, applicant, patient/resident based on race, creed, color, national origin, handicap, sex and source of payment, marital status or sexual preference.

CARING CALLER PROGRAM



Brought to you courtesy of
Mount Alverno Center
Adult Home/Assisted Living Program

Part of the Warwick Campus of
Bon Secours Charity Health System, Inc.

In collaboration with the Town of Warwick
and your local Police Department



MOUNT ALVERNO CENTER
Bon Secours Charity Health System
20 Grand Street, Warwick, NY 10990
www.StAnthonyCommunityHosp.org



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CARING CALLER PROGRAM

WHAT IS THE CARING CALLER PROGRAM?

The **CARING CALLER PROGRAM** is a free community outreach program designed for at-risk individuals who would benefit from a daily phone call to check on their well-being.

AM I ELIGIBLE?

If your telephone number begins with 986, 987, 988, 258, 651 or 477 and you are currently any of the following,

- Living alone without benefit of daily social contacts
 - Chronically ill
 - Elderly
 - Disabled

this program is for ***you.***

To enroll, please complete this form and mail to:

Case Management, Mount Alverno Center- Adult Home/Assisted Living Program
20 Grand Street, Warwick, NY 10990

Name _____

Home Address _____

Directions to home _____

Home telephone# _____

Emergency Contacts: (Please list those living closest to you first.)

1. _____
Name Home Phone Work Phone Relationship

2. _____
Name Home Phone Work Phone Relationship

3. _____
Name Home Phone Work Phone Relationship

4. _____
Name Home Phone Work Phone Relationship

Primary Care Physician _____
Phone _____