



Reach Out / Tele Friend – Just Do It!

Dear Friend,

The Ohio Self Determination Association (OSDA) and its advisory Council of Ohio Leaders (COOL) are so excited that you are interested in our Tele-Friend opportunity!

Tele-Friend was started to make sure connection to others was available to a person living with a disability who is home more than usual due to the recent Corona virus pandemic, illness, or any other reason.

Our volunteers provide this connection by calling you once a week or once a month or other times that work for you and our volunteer.

Please look over and fill out the enclosed form so we can learn more about you and find the perfect new tele-friend for you. Send the form by email to osdaohio2017@gmail.com or mail to OSDA, 6155 Huntley Road, Suite i, Columbus, Ohio 43229.

Remember that our volunteers who call you **are not trained** to give medical advice or professional advice. We just want to connect you with someone to chat with because we believe everyone needs a friend to talk to every now and again!

On behalf of the OSDA Council of Ohio Leaders (COOL), we look forward to our connection with you!

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Get a Call!

I, _____ want a Tele-Friend to call me because I am at home more because of the Corona Virus or for other reasons and would like more contact with others.

My phone number is (____)____-_____

My email address is _____@_____

My street address is _____

City: _____ Zip Code: _____ County: _____

Things about me that may help connect me with someone who is similar include the information below:

Age? ☐ 18 to 30 ☐ 31 to 50 ☐ 51 to 65 ☐ 66 to 80 ☐ 80 or older

Birthday? _____ Do you live alone? ☐ Yes ☐ No

Gender? ☐ Male ☐ Female Employed? ☐ Yes ☐ No

My Personal Preferences/ My Favorites:

Food or Restaurants? _____

TV Shows? _____

Type of Music? _____

Hobbies? _____

Sports? _____



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Subject to talk about? _____

Do you have someone who comes in to help you on a regular basis? ☐ Yes ☐ No

Do you have a pet? ☐ Yes ☐ No If yes, what kind of pet and what is it's name:

CONTACT INFORMATION IN CASE OF AN EMERGENCY:

Name of Contact #1: _____

Phone number: (____) ____ - ____ Relationship: _____

Name of Contact #2: _____

Phone number: (____) ____ - ____ Relationship: _____

Do you have a SSA/Case Manager at the local County Board of DD? ☐ Yes ☐ No

If YES, Name: _____

Phone Number (____) ____ - ____ Email: _____

Signature: _____ Date: _____