

Living Stream Ministry

2431 W. La Palma Ave., / Anaheim, CA 92801
P.O. Box 2121 / Anaheim, CA 92814 / U.S.A.

February 04, 2021

TO THE ELDERS OF THE CHURCHES

RE: Announcement of the Fall 2021 Middle-age Full-time Training in Anaheim

After a long recess of over a year due to the global pandemic, we are looking to the Lord for a new beginning this fall at the Middle-age Training, in the spirit of a fresh consecration and a renewed sense of the Lord's imminent return. We pray that the Lord will stir in the hearts of many saints to rise up to redeem the years that the locusts have eaten (Joel 2:25) and seize the opportunity to be trained. In the Middle-age Training, saints of different races, nationalities, and languages, come together to be perfected in an atmosphere of blending to usher in the reality of the Body of Christ for the one new man.

The FTTA-MA is a one-year program, and all classes are designed with a full year in view in two 15-week terms. The coming term of the Middle-age Training will begin on August 30, 2021 and will conclude on December 11, 2021. The curriculum and schedule are designed to meet the specific needs of this age group. The classes are given in English, Chinese, Korean and Spanish languages. We hope that many saints in the Lord's recovery, between the ages of 35 and 65, will seize this opportunity to be perfected. Please refer to the attached information sheets for details. All applications must be received by the Middle-age Training office no later than August 10, 2021.

Sincerely,

Living Stream Ministry
Middle-age Full-time Training in Anaheim

Middle-age Full-time Training in Anaheim Information

Date: Monday, August 30, 2021 to Saturday, December 11, 2021

Application Deadline: 1. All applications including all required medical forms must be received by the training office no later than August 10, 2021.
2. Those accepted to the Training will be notified by e-mail.
3. Further details concerning the Training will be furnished upon acceptance notification. **Please do not make any travel arrangement until you have received an acceptance notification from the Training Office.**

Location: Middle-age Full-time Training Center
1853 W. Ball Road, Suite 102, Anaheim, CA 92804

Qualification: Brothers or sisters in the church life, between the age of 35 and 65, in sound physical and mental health, and with elders' recommendation. For saints who are younger than 35 or older than 65, please fellowship with the local elders for their approval and recommendation.

Saints may attend the training on a short-term basis, except for the last two weeks of the training. The minimum period required for short-term is one week. Short-term applicant should plan to arrive at the training on Lord's Day or Monday.

Please be aware that proof of vaccination for COVID-19 will be required for all trainees for the Fall 2021 term. All trainees must complete their vaccination latest by August 9, 2021, and provide proof to the Training Office 2 weeks prior to their arrival (latest by 08/17) to the training.

Middle-age Full-time Training in Anaheim 1853 W. Ball Road, Suite 102, Anaheim, CA 92804 Tel: (714) 236-6027
Fax: (714) 236-6029 Website: www.fttamidage.org E-mail address: midage@ftta.org

Clothing Requirement: All clothing requirements are **MANDATORY** for all trainees for the entire duration of the training. Both brothers and sisters are expected to dress according to the requirements specified below upon arrival at the Training for registration and interview on August 30, 2021. Please note that **NO** uniform will be available for purchase at the training center.

A. Brothers

1. Training Attire

- a. Shirts: Solid white dress shirts with long sleeve and a collar. Shirts should be tucked in at all times.
- b. Ties: Ties will be supplied and available for purchase upon arrival at the Training.
- c. Dark solid navy blue or black suit coat or blazer.
- d. Dark solid navy blue or black pants. No jeans and shorts are allowed at all time.
- e. Undershirts: White only.
- f. Dress shoes/socks/belt: Black or dark blue and of a conservative style.
- g. Facial hair: A brother should keep his face clean and shaven. Nose hair should be trimmed. Beards, mustaches, long sideburns, and shaved heads are not permitted. Hair dyeing, highlighting, or streaking is not permitted.
- h. Cologne with strong fragrance is not permitted.

2. Gospel Attire

- a. Pants—beige, brown, blue, or black and without any patterns.
- b. Shirt—full button-down with a collar. Must be tucked in.

3. Lord's Day Attire

- a. Training attire is not required.
- b. Dress slacks.
- c. Dress shirt—white or solid conservative light color, full button-down, with long sleeves and a moderate collar. Must be tucked in.
- d. Dress shoes.
- e. Tie—conservative color and pattern.

B. Sisters

1. Training Attire

- a. Shirts: Solid white blouse with a collar, no form fitting. Blouse should be tucked in at all times.
- b. Dark solid navy blue or black skirt, suit coat or blazer.
- c. Dress shoes: Heels no higher than 1 inch, closed toe, heels and sides, solid black or solid dark blue shoes. No boots are allowed.
- d. Skirt: No pencil (narrow) skirts. The length of the skirt should extend 6 inches below the knees, or mid-calf, when standing. Skirts may only have one back slit beginning below the knees.
- e. Nylons: Black or natural color.
- f. Sleeveless blouse, jumper and one-piece dress are not allowed.
- g. Slacks (pants) and jeans are not permitted at all time.
- h. Scarf: Solid black, dark blue or white, with no design or monogram.
- i. No ornamentation (except wedding rings).
- j. No nail polish for either fingernails or toenails.
- k. No hair dyeing, highlighting, or streaking.
- l. Perfumes or lotions with strong fragrance are not permitted.

2. **Gospel Attire**

- a. Skirt: No pencil (narrow) skirts. The length of the skirt should extend 6 inches below the knees, or mid-calf, when standing. Skirts may only have one back slit beginning below the knees.
- b. Blouse or shirt—full button-down with a collar. No polo shirts or t-shirts are permitted.
- c. Shoes—dark or neutral color and must be kept clean. They must have closed toes, sides, and heels. Canvas or similar shoes are permitted.

3. **Lord's Day Attire**

- a. Training attire is not required.
- b. Dress or skirt—required. No pencil (narrow) skirts. The length of the skirt should extend 6 inches below the knees, or mid-calf, when standing. Skirts may only have one back slit beginning below the knees.
- c. Blouse—modest and not form-fitting.
- d. Shoes—dark or neutral color with closed toes, sides, and heels.

C. General

1. Please bring other necessary clothing according to your needs, such as warm winter clothing for cold weather, exercise clothes and shoes, work clothes and shoes, etc. Sisters may wear black tights underneath for warmth. No leggings are permitted. All clothing needs to be proper, according to the standard of a saint.
2. To wear a different jacket in place of the training specified, i.e. dark solid navy blue suit coat is not permitted. Sweaters should be worn underneath the suit coat. Overcoats and sweaters should be in dark solid navy blue, gray or black with no design or monogram. Overcoat should not be worn inside the classroom.
3. The training will provide all linens, such as pillow, bed sheets, blankets, etc. Please bring your personal items, such as towels, shampoo, etc.

Lodging: Training-arranged housing will be provided to single brothers or sisters when requested. Married couples without children will be lodged together in training-arranged housing if both are trainees. Couples with children may also apply provided they are able to take care of their own housing needs and living costs. Southern California trainees may stay at home and commute.

Transportation: Trainees are encouraged to provide their own vehicle.

Medical Requirements: Mandatory medical requirements for trainees registered for one month or longer:

1. Major medical or valid travel insurance, e.g., copy of insurance card or insurance certificate, which provides coverage while trainees are in Anaheim, must be in place before they arrive for the first day of the training.
2. Health Questionnaire must be completed and submitted along with the application (download the form at www.fttamidage.org).
3. All incoming trainees must submit evidence of tuberculosis (TB) screening.

Although tuberculosis screening need not be completed before the application is submitted, it must be completed before arrival in Anaheim. Trainees are not allowed to participate in the training, including meals or housing, prior to completion of tuberculosis screening.

In most cases, TB screening is done by a skin test (PPD) performed within the last 6 months before the start of the Training. However, in the event that your TB skin test

returns positive, a radiologist's report in English of a chest X-ray done after the PPD must be submitted. The skin test requires two visits to a health care provider, 48-72 hours apart, and obtaining a chest x-ray report normally requires at least a week. The applicant should allow for unforeseen delays.

If the PPD test was positive in the past, the PPD should not be repeated. In this case, a chest x-ray done within the last 12 months before the start of the training is sufficient.

If the TB screening requirement is fulfilled by chest x-ray, the report must be in English and signed by a radiologist. Note that a statement from a personal physician that the chest x-ray was normal is not sufficient. In addition, you must send the chest x-ray in electronic format to midage@ftta.org, or bring the chest X-ray, preferably in electronic format, to your medical interview on the first day of the Training.

An alternate method of screening is by blood test. One advantage of the blood test is that it might turn out normal even if the PPD was positive in the past, which would spare the need for a chest x-ray. However, the blood test is more expensive and is not as widely used as the PPD.

There are two situations in which no skin test, x-ray or blood test is required. One is if the individual has previously had TB, has completed treatment, and is currently without symptoms of cough, fatigue, night sweats or weight loss. The other is if the individual has completed a course of antibiotic prophylaxis for TB (this is usually 6-9 months in duration). In either case, documentation of treatment must be submitted in English.

Applicants are strongly recommended to have immunization against tetanus, hepatitis A and B, influenza. For those who are over 50 years old, the Zoster (shingles) vaccine is also recommended. The pneumococcal vaccine is recommended for applicants over 65 in good health condition.

It is also recommended that applicants over fifty years of age to consult a physician to undergo examination and other evaluation as deemed necessary to assure readiness to undertake an intensive year-long training program.

Cost:	Full-time trainee:	US \$3975 per term of 15 weeks, or \$265/week, including lodging and meals
	Short-term trainee:	US \$265/week (includes lodging and meals)
	Commuter:	US \$2250 per term of 15 weeks or \$150/week (no lodging but lunch included)
	Personal expenses:	Not included in the above

Payment: Make check payable to Living Stream Ministry, and mail it to:
Middle-age Full-time Training
1853 W. Ball Road, Suite 102,
Anaheim, CA 92804

Payment schedule:

Option 1: Full payment on 8/30/21

Option 2: Every 4 weeks on 8/30/21, 9/27/21, 10/25/21 and 11/22/21, with \$1060 for the first three payments, and \$795 for the last payment

(Commuter: \$600 for the first three payments, and \$450 for the last payment).

Schedule: Classes: Tuesday to Friday – 9:00 AM to 2:45 PM
Tuesday –7:30 PM to 8:30 PM (Attend Church Prayer Meeting)
Wednesday – 7:30 PM to 9:30 PM
Gospel service: Saturday – 9:00 AM to 11:00 AM (Study Session)
Friday & Saturday evenings – Attend church small group meetings or study.
Lord’s Day – Attend Lord’s table and prophesying meeting.
Gospel visitation and follow-up

Semiannual Training: It is strongly recommended that all trainees attend the July and December Semiannual Training. Registration for the semiannual training should be done through the trainee’s sending locality.

Contact: **Middle-age Full-time Training Office:** 714-236-6027; Office Fax: 714-236-6029
Mailing Address: 1853 W. Ball Road, Suite 102, Anaheim, CA 92804, U.S.A.
Email Address: midage@ftta.org
Website: www.fttamidage.org

Translation: FM radio and headset are required for all non-English speaking trainees.

MIDDLE-AGE FULL-TIME TRAINING IN ANAHEIM APPLICATION FORM

Fall 2021 (8/30/21 to 12/11/21)

Application Deadline: August 10, 2021

PLEASE PRINT NEATLY & THOROUGHLY IN DETAIL

Name: _____ Bro ____ Sis ____ Birth Date: ____/____/____
Last First M.I. month date year
 Age _____

Address: _____ Home Phone: () _____
 _____ Cell Phone: () _____
 _____ E-mail: _____

Sending Locality: _____
City State Country

Nationality: _____ Language(s) Spoken: _____

Education: _____
School Major Degree

Present or recent occupation: _____; If presently serving full-time, date you began: _____

Will you bring a car: Yes ____ No ____; if yes, how many passengers will it accommodate? _____

Housing desired: Yes ____ No ____

Attending Date: Full Time ____ or Short Term ____; if short term, you will attend from ____/____/____ to ____/____/____

Date saved: _____ Date baptized: _____ Date you came to the church: _____

Locality where you first contacted the church: _____

Areas of church service you have been involved in: _____

Marital status: Single ____ Married ____ Widowed ____ Divorced / Separated ____

Spouse's Name: _____ Spouse's Age: _____

Date of Marriage: _____ Spouse's Occupation: _____

Spouse's attitude toward your attending the training: Agree ____ Disagree ____ Also will attend ____

Dependents:	Name	Relationship	Age	Saved
1.	_____	_____	_____	Yes ____ No ____
2.	_____	_____	_____	Yes ____ No ____

Mandatory Health Information:

Do you have any allergies to foods? Yes ____ No ____

If yes, please check the food you are allergic to (Check all that apply):

Lactose Intolerant Salmon Tilapia Cod Pollock Tuna Gluten Other: _____

Mandatory Medical Requirements for Trainees Registered for One Month or Longer:

- Evidence of tuberculosis (TB) screening must be submitted prior to arrival.
- Health Questionnaire must be completed and submitted along with this application.
- Major medical or valid travel insurance, which provides coverage while trainees are in Anaheim, must be in place before they arrive for the first day of the training. Please provide a copy of your insurance card or your travel insurance certificate.

You will be supported by: Yourself ____ Church ____ Family or Friends ____ Other means _____

Other pertinent information: _____

Where did you hear about FTTA-MA? Past Trainees Information Meeting Elders' Recommendation
 Other: _____

Applicant's Signature: _____ Date: _____

Additional Personal Information

Name: _____

Date: _____

1. Please introduce yourself (Your answer should briefly describe your marriage, family, work, health, when and how you were saved, etc., how is your church life and meeting life after you were saved):

a. When and how you were saved?

b. How is your church life and meeting life?

c. Marriage and/or family:

d. Work:

e. Health:

2. Why am I attending this training?

3. My expectation from this training:

Additional Personal Information

Name: _____

Date: _____

4. Life Practice, Truth Pursuit and God-ordained Way Practice:

Daily personal morning revival: Yes _____ No _____

Daily Bible reading: Yes _____ No _____

Daily personal prayer: Yes _____ No _____

Gospel preaching: Yes _____ No _____

Shepherding new ones: Yes _____ No _____

Attending small group meeting: Yes _____ No _____

Lord's day prophesying: Yes _____ No _____

List down all the Life-study messages you have read through: _____

Other:

Please provide the name, email address and mobile number of two elders/leading brothers who will be recommending you:

1) Elder/Leading Brother's Name: _____

Email: _____ Mobile Number: _____

2) Elder/Leading Brother's Name: _____

Email: _____ Mobile Number: _____

The acceptance of your application depends on receiving the recommendation of at least two elders from your sending locality. It is important that you submit the completed application directly to the Middle-age Training Office by emailing or mailing it. Upon receiving your application, the training office will contact your elders for their recommendations. Once we receive your completed application and the elders' recommendation, we will review the submitted information and will inform the status of your application by email.

If you feel any question is too personal please feel free to omit and discuss with the medical doctor in private.

FTTA MIDDLE-AGE TRAINING
TRAINEE HEALTH QUESTIONNAIRE
(To be filled out by the applicant and submitted with the application)
CONFIDENTIAL

Name _____ Phone No. (_____) _____
 _____ Fax/E-mail _____
 Locality _____ Nationality _____
 Age _____ Sex _____ Race _____ Date of Birth _____

Please give details to any question answered by a check in the left-hand column in the space provided at the end of the questionnaire.

- | | | |
|-----|---|--------------------|
| 1. | Are you presently in good general health and free of contagious illness? | Yes _____ No _____ |
| 2. | Do you have any allergies to medicines? | Yes _____ No _____ |
| 3. | Do you have any allergies to foods? | Yes _____ No _____ |
| 4. | Do you have any allergies to mold, pollen or other substance that are inhaled? | Yes _____ No _____ |
| 5. | Do you have any chronic illness? | Yes _____ No _____ |
| 6. | Do you have any physical disability? | Yes _____ No _____ |
| 7. | Do you take any medicine on a regular basis? | Yes _____ No _____ |
| 8. | Have you ever had surgery? | Yes _____ No _____ |
| 9. | Have you been advised by a doctor to have any diagnostic procedures or treatment which has not yet been done (for example, chest x-ray for chronic cough, surgery or hernia)? | Yes _____ No _____ |
| 10. | Have you ever had the following illnesses? | |
| | peptic ulcer | Yes _____ No _____ |
| | tuberculosis | Yes _____ No _____ |
| | hepatitis | Yes _____ No _____ |
| | heart disease | Yes _____ No _____ |
| | kidney disease | Yes _____ No _____ |
| | cancer | Yes _____ No _____ |
| | high blood pressure | Yes _____ No _____ |
| | nervous breakdown | Yes _____ No _____ |
| | asthma | Yes _____ No _____ |
| | other serious illness | Yes _____ No _____ |
| 11. | Have you ever been hospitalized for physical or mental illness?
* If so, give date, reason and result _____ | Yes _____ No _____ |
| 12. | Have you used tobacco, alcohol or habit-forming drugs within the last three years?
* If you ever used cigarettes regularly, for how many years and how many packs per day? _____ | Yes _____ No _____ |
| 13. | Have you ever had a serious injury? (e.g., whiplash, concussion, fractured bone)? | Yes _____ No _____ |
| 14. | Have you had a physical examination with the last three years?
* If so, give date, reason and result _____ | Yes _____ No _____ |
| 15. | Have you had a chest x-ray within the last three years?
* If so, give date, reason and result _____ | Yes _____ No _____ |
| 16. | How many colds do you have per year? Less than 3 _____ 3 or more _____ | |
| 17. | In the last year, have you lost more than one week from school or work due to your health? | Yes _____ No _____ |
| 18. | In the last three years, have you lost more than one month from school or work due to your health? | Yes _____ No _____ |

19. Have you exercised regularly during the last three years? Yes_____ No_____
20. What level of exercise can you tolerate? Running _____
 Jogging _____
 Walking _____
 Don't know _____
21. Do you anticipate a problem sharing a bedroom with five other people? Yes_____ No_____
22. Do you anticipate a problem from culture shock? Yes_____ No_____

IMMUNIZATION RECORD

Immunization/Test * Date Received

Td		Should be within last 10 years	
Hepatitis A	#1	#2	
Hepatitis B **	#1	#2	#3
TB skin test (PPD)	Date: Result:	If positive , date of chest x-ray:	Result of chest x-ray:
MMR	#1	#2	

*If any of the immunizations or TB skin test (PPD) have **not** been received, please explain reason in space provided below.

If immunization has **not been received, indicate reason:

- a) have had it and am a carrier
- b) have had it and am immune
- c) do not know my status, I did not received the full series. (If so, a blood test can verify immune status.)

DO YOU CURRENTLY HAVE ANY OF THE FOLLOWING COMPLAINTS?

23. Recent weight change of five or more pounds Yes_____ No_____
24. Toothache Yes_____ No_____
25. Gums which are red, swollen or bleed easily Yes_____ No_____
26. Teeth which need to be filled, extracted or replaced Yes_____ No_____
27. Headaches Yes_____ No_____
28. Double vision Yes_____ No_____
29. Dizziness of fainting spells Yes_____ No_____
30. Glaucoma Yes_____ No_____
31. Runny nose or sore throat Yes_____ No_____
32. Chronic sinusitis Yes_____ No_____
33. Nose bleeds Yes_____ No_____
34. Ear Disease Yes_____ No_____
35. Impaired hearing Yes_____ No_____
36. Thyroid disease Yes_____ No_____
37. Enlarged glands Yes_____ No_____
38. Cough for more than three weeks, or bloody sputum Yes_____ No_____
39. Wheezing Yes_____ No_____
40. Any other kind of lung trouble Yes_____ No_____
41. Chest pain Yes_____ No_____
42. Heart murmur Yes_____ No_____
43. Swollen hands Yes_____ No_____
44. Feeling of awakening in the night smothering Yes_____ No_____
45. Shortness of breath (not during exercise) Yes_____ No_____
46. Abdominal pain Yes_____ No_____

- | | | |
|-----|--|------------------|
| 47. | Nausea or vomiting | Yes_____ No_____ |
| 48. | Heartburn | Yes_____ No_____ |
| 49. | Excessive belching or passing gas | Yes_____ No_____ |
| 50. | Diarrhea | Yes_____ No_____ |
| 51. | Constipation | Yes_____ No_____ |
| 52. | Recent change in bowel habits | Yes_____ No_____ |
| 53. | Pain with bowel movements | Yes_____ No_____ |
| 54. | Blood with bowel movements | Yes_____ No_____ |
| 55. | Sensation of food sticking in throat | Yes_____ No_____ |
| 56. | Difficulty swallowing | Yes_____ No_____ |
| 57. | Painful Urination | Yes_____ No_____ |
| 58. | Blood in urine | Yes_____ No_____ |
| 59. | Frequent urination (more than 6x/day or 1x/night) | Yes_____ No_____ |
| 60. | Weak stream of urine, or leaking urine | Yes_____ No_____ |
| 61. | (For males only) Discharge from the penis | Yes_____ No_____ |
| 62. | Marital problems | Yes_____ No_____ |
| 63. | Varicose veins | Yes_____ No_____ |
| 64. | Joint pain | Yes_____ No_____ |
| 65. | Pain in legs or buttocks when walking, which is relieved by rest | Yes_____ No_____ |
| 66. | Change in color or size of a mole | Yes_____ No_____ |
| 67. | Bleeding mole | Yes_____ No_____ |
| 68. | Scab which has not healed in three weeks or more | Yes_____ No_____ |
| 69. | Change in skin color | Yes_____ No_____ |
| 70. | Frequent skin infections or boils | Yes_____ No_____ |
| 71. | Other skin diseases | Yes_____ No_____ |
| 72. | Lump under the skin | Yes_____ No_____ |
| 73. | Anemia | Yes_____ No_____ |
| 74. | Blood clots | Yes_____ No_____ |
| 75. | Easy bruising | Yes_____ No_____ |
| 76. | Prolonged bleeding after surgery or injury | Yes_____ No_____ |
| 77. | Convulsions | Yes_____ No_____ |
| 78. | Weakness or paralysis | Yes_____ No_____ |
| 79. | Difficulty falling asleep in the evening | Yes_____ No_____ |
| 80. | If you awaken during the night, difficulty falling back asleep | Yes_____ No_____ |
| 81. | Have you ever been under psychiatric care or been advised to see a psychiatrist? | Yes_____ No_____ |
| 82. | Unusual fears (such as claustrophobia)? | Yes_____ No_____ |
| 83. | Difficulty in adjusting to new situations | Yes_____ No_____ |
| 84. | Intolerant to heat or cold | Yes_____ No_____ |
| 85. | Change in hat or glove size | Yes_____ No_____ |
| 86. | Change in hair growth | Yes_____ No_____ |

QUESTIONS 87-97 FOR WOMEN ONLY

- | | | |
|-----|---|------------------|
| 87. | Do you miss school or work due to menstrual pain? | Yes_____ No_____ |
| 88. | Do you have bleeding in between your periods? | Yes_____ No_____ |
| 89. | Do you have vaginal itching or discharge? | Yes_____ No_____ |
| 90. | Have you ever had a Pap smear (test for cervical cancer)? | |
| | * If so, give date and result _____ | |
| 91. | Do you examine your breasts monthly? | Yes_____ No_____ |
| 92. | Do you have a breast lump or lump under your arm? | Yes_____ No_____ |
| 93. | Do you have a discharge from the nipple? | Yes_____ No_____ |
| 94. | Age at which periods began _____ | |
| 95. | Do you still have periods? | Yes_____ No_____ |
| | * If not, age at which periods ceased _____ | |
| 96. | Number of pregnancies _____ | |
| 97. | Number of live births _____ | |

SOCIAL AND OCCUPATIONAL HISTORY

98. Have you ever been exposed to hazardous working environment? Yes_____ No_____
99. Marital status single _____
- married _____
- widowed _____
- separated _____
- divorced _____
100. How many dependents live with you (except spouse) _____
101. What was the highest level of education you attained? _____
- Degree _____ Field _____
102. What were your occupation(s) before going full-time? _____
- _____
103. Have you had any training in medicine, nursing or related fields? Yes_____ No_____
- * If so, please give details _____
- _____

FAMILY HISTORY

- | 104. Relationship | If alive,
age | If deceased,
age at death | Present state of health
or cause of death |
|-------------------|------------------|------------------------------|--|
| Father | _____ | _____ | _____ |
| Mother | _____ | _____ | _____ |
| Brother | _____ | _____ | _____ |
| Sister | _____ | _____ | _____ |
105. Besides those noted above, do any other diseases run in your family? Yes_____ No_____
- * If so, give details _____
- _____

ADDITIONAL INFORMATION

106. What is your height? _____
107. What is your weight? _____
108. What is your heart rate? _____
109. What is your blood pressure? _____
110. What is your fasting blood glucose level? _____
- (Both the blood pressure and blood glucose measurements may be obtained either through a health professional, or personally through an owned or borrowed home monitoring device.)*

111. Whom to notify in case of emergency:
- Name _____
- Address _____
- Telephone _____

This space is for detailed answers to questions above. Please be sure to note the question number.
Attach additional sheet if necessary.

Signature _____ Date _____