

LIFELINE Application Form

Name _____

Address _____

Name of Complex _____

City/Zip Code _____

Phone Number _____ Birth Date _____

Phone Service Provider _____

Full Time Resident _____ Temporary Resident _____

Medical Information

Primary Care Physician Name and Phone Number

Hospital Preference _____

Medical Conditions _____

Emergency Contacts/Responders

People you choose for us to call if we cannot reach you following an alarm. They should live no more than 10-15 minutes from your home and have keys to get in. Emergency contacts/Responders are optional if none are listed Emergency Services will be called. ***Please notify personal contacts that you will be listing their information on this form.***

1. Name _____ Relationship _____

Address, City, Zip _____

Home _____ Work _____ Cell _____

Has a key to enter home Yes _____ No _____

2. Name _____ Relationship _____

Address, City, Zip _____

Home _____ Work _____ Cell _____

Has a key to enter home Yes _____ No _____

3. Name _____ Relationship _____

Address, City, Zip _____

Home _____ Work _____ Cell _____

Has a key to enter home Yes _____ No _____

Who Will Pay for Service, Self or 2nd party

Name _____

Address _____

City/State/Zip Code _____

Phone Number _____

Relationship to Subscriber _____

Who is responsible for returning our equipment in case you are not able

Name _____

Address _____

City/State/Zip Code _____

Phone Number _____

Relationship to Subscriber _____

Do you (or anyone in your home) smoke? _____ Yes or _____ No

Do you have any pets? _____ Yes or _____ No

If yes, type of pet and their names _____

How would you like to wear your Help button?

Neckcord _____ Wristband _____ Undecided _____

Hidden Key Location (optional)

How did you find out about our service? _____

We will install a base unit with a two-way speaker. This plugs into your telephone jack and an electrical outlet (base has battery backup). We will also provide a waterproof portable Help button which you press to call for assistance. **We have other systems available for multi level or larger homes, medication reminder units or special phone for hearing and sight impaired.**

There is an initial 3-month minimum rental period. The monthly rental is \$35. 00.

There is an installation fee of \$50 (re-installation \$25.00). NOTE: a second Help button can be provided for an additional \$10 per month. **The fee for lost personal help button is \$125.00 (cost) which you will incur if you lose your button. Therefore it is strongly recommended by the Lifeline staff that whenever you go somewhere where you will have to disrobe (i.e. the hospital) you leave your button in a safe place at home.**

Please return your completed application to:

LIFELINE @ SMH, 1700 S. Tamiami Trail, Sarasota, FL 34239

To reach the LIFELINE Administrative office, please call or fax us

Phone (941) 917-7416

Fax (941) 917-4642

Revised 8/08

