

Are You O.K.? Program APPLICATION

Phone: _____ Date of Enrollment: _____ Call Time: _____ AM / PM

Name: _____ @ Machine:
Last First Middle

Address: _____ Age: _____

City: _____ State: _____ Zip Code: _____ Date of Birth: _____

Physician: _____ Office Number: _____

Religious Affiliation: _____ Phone: _____

Name of Church: _____

In case of an emergency notify: (Apartment residents need two names within complex).

1. Name: _____ Key: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (W) _____

Relationship: _____

2. Name: _____ Key: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: (H) _____ (W) _____

Relationship: _____

Next of Kin: _____ Phone: (H) _____ (W) _____

Address: _____ City: _____ State: _____ Zip Code: _____

Is there a key on the premises? _____ Where? _____

Do you own any pets? _____ What type of animal? _____

What is your pet's name: _____ Is your pet confined to a room? _____

Do you live alone? _____ Other resident: _____

Age / condition of other resident: _____

Medical History

Type: _____

Blood Type: _____

Medications (What kind? Where are they located?) _____

Able to walk? _____ Physical Impairments? _____

If confined to a room, which room in the house? _____

Do you have any medical allergies? _____

Vehicle Information: Year: _____ Make: _____ Model: _____ Color: _____ Lic. #: _____ State: _____

Does your residence have an alarm? _____ Police or Medical? _____ Company's Name: _____

of Alarm Co. _____ Alarm Code: _____

Do you have an answering machine? _____ Hospital Preference? _____