

Application for Lifeline

Applicant Name: _____ Date of Birth: _____

Address: _____ Apt. # _____

City, State, Zip: _____ Phone: _____

Responsible Payer's Name: _____ Phone: _____

Address: _____

Doctor's Name: _____ Doctor's Phone: _____

Doctor's Location: _____

What is your hospital preference? _____

List Health Problems/Disabilities/Medical History: _____

Do you use any of the following? Check all that are applicable:

Walker Cane Wheelchair Scooter None

Do you have any allergies to medications? Yes No If yes, list: _____

Do you live alone? Yes No

Do you do outside chores or garden? Yes No Do you drive? Yes No

Do you walk to pick up mail or dispose of rubbish? _____

Additional Information In Case of a 911 Emergency

If key is hidden, where is it? _____

Do you have a garage door code or key box code? Garage Door Code: _____

Lock Box Code: _____

Are you interested in a Lifeline Lock Box? Yes No

(Only available in designated towns/cities)

Additional Information for Installation

What is the name of your phone service? _____

Do you have long distance? Yes No

Do you have a computer? Yes No Does it have its own phone line for the internet? Yes No

Do you have DSL? Yes No

Do you have Charter Phone, Internet Phone Service or VOIP (Voice Over Internet)? _____

How did you hear about Beloit Health System's Lifeline Program? _____

Lifeline is an emergency response system designed to allow people to live independently in their homes. With Lifeline, **you may call for help any time — day or night, simply by pushing your waterproof personal help button.** Beloit Health System monitors all Lifeline calls at our 24-hour Emergency Response Center located at the Beloit Health System-Hospital. Trained emergency personnel will call a friend, family member, or ambulance to your home if needed.

The cost for Beloit Health System Lifeline is \$25 per month, with a \$20 installation fee. Once the unit is installed, Lifeline personnel will call you once each month to test your Lifeline equipment if you have not pressed our button within that time. Please remember to contact the Lifeline office with any changes by calling (608) 364-5480 or (815) 525-4357.

Responder Information - Please list at least TWO responders.

Responder 1

Name: _____ Address: _____
Phone (Home): _____ Phone (Work): _____
Work Hours: _____ Cell Phone: _____
Relationship to Subscriber: _____ Key to home: Yes No

Responder 2

Name: _____ Address: _____
Phone (Home): _____ Phone (Work): _____
Work Hours: _____ Cell Phone: _____
Relationship to Subscriber: _____ Key to home: Yes No

Responder 3

Name: _____ Address: _____
Phone (Home): _____ Phone (Work): _____
Work Hours: _____ Cell Phone: _____
Relationship to Subscriber: _____ Key to home: Yes No

Responder 4

Name: _____ Address: _____
Phone (Home): _____ Phone (Work): _____
Work Hours: _____ Cell Phone: _____
Relationship to Subscriber: _____ Key to home: Yes No

Please return this application to: Beloit Health System
Lifeline
1969 West Hart Road
Beloit, Wisconsin 53511-2230

For Lifeline Use Only-

Lifeline Lock Box firm contacted: _____
Installation Date: _____ Time: _____ Voice-Installer Name: _____
Installation Fee: _____ Monthly Fee: _____ Dollar Amount to be Collected: _____