

**Rosscare
Telecare**
Applicant Registration Form

Applicant Name: _____ Date of Birth: _____
Mailing Address: _____ Phone: _____
Physical Address: _____
Physician: _____

(Contact persons should be neighbors/family living nearby or who would know your travel plans.)

Contact #1: _____ Contact #2: _____
Address: _____ Address: _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Key to your home? (Yes) (No) Key to your home? (Yes) (No)

Please list any pertinent health information such as hearing loss, speech impairment, walking aids, diabetes, heart problems, etc.

Please enroll me in the Telecare program. There will be **NO CHARGE** for the Telecare service. **Its success will depend on my cooperation.**

I agree to telephone the Telecare service Monday through Friday at or before an assigned time. If I do not call in by my assigned time, a Telecare volunteer will attempt to contact me by phone. If no one answers at my home, the volunteer will call one or both of the contact persons whose names, addresses, and phone numbers I have listed above. If neither contact person answers, Telecare will call local law enforcement for my community. Telecare cannot provide medical or other assistance, but will try to have someone come to my home to see if I am all right.

I am voluntarily participating in the Telecare program and I understand the procedure to be followed in the event I fail to telephone or answer my phone at or before my assigned time. I agree that the persons I have listed above or the local law enforcement may enter my home to assure that I am not sick or injured and that they may advise the Telecare program about my circumstances.

I hereby consent to the Police or Sheriff's Department entering my residence, by force if necessary. I agree to hold the Telecare Service, the Police or Sheriff's Department harmless from liability that might result from the entry into my home. I further agree not to hold any of them responsible for any cost that may result from the actions taken by the Telecare program or by the Police or Sheriff's Department.

I agree that the Telecare Service's only duty is to alert my contact person or local law enforcement that I cannot be reached. Telecare has no duty to seek medical assistance for me, and I will rely on my contact person or local law enforcement to do so. I release Telecare service from any liability if my contact person or local law enforcement fails to respond.

Signature of Applicant

Date

Signature of Personal Representative/Legal Guardian

Date

Signature of Rosscare Representative

Date