

Instructions for filling out the Are You O.K.? Field Interview Form

Please clearly write or type the information requested on the application form, described as follows:

- 1] Phone Number:** Please list area code with your phone number
- 2] Date:** List the date you are filling out the application
- 3] Time to call:** Please list the time frame which you desire to be called. List the time as Mon.-Fri. 8:00 am-8:00 pm. You will be called within the hour listed each date.
- 4] Service Number:** Leave blank, this is for Sheriff's Office use only.
- 5] Subscribers name and address:** Please provide your name listing your last name first, your first name, and middle initial. Completely fill in your address listing your house and street number, Apartment building name and Apartment number, City, State, and Zip Code.
- 6] Doctors Name and Phone Number:** Please list the name of a Doctor who is familiar with your medical history, and has knowledge of any medications or medical conditions you may have.
- 7] Clergy:** Please list the Name and Phone Number a Minister/Pastor/Priest/Etc. that you would want contacted in the event of an emergency.
- 8] In case of Emergency notify:** Please list the Names and Phone Numbers of two people, you would want us to notify for you in the event of an emergency, that we could contact to respond to your home and assist us in gaining entry if necessary, to check on your well being and/or safety.
- 9] Next of Kin:** Please list the Name, Address, and Phone number of two close relatives that you would want us to notify for you in the event of an emergency.
- 10] Key on Premises?:** Please indicate yes or no. **If answered yes, please list the location where the key will be located.** Please note that leaving a hidden key outside the home is not required, but, if you are in the habit of doing this, you can let us know where it is if you would like to.
- 11] Keyholder:** You may list the Names, Addresses, and Phone numbers of two people who have a key to your residence that we could contact in the event of an emergency.
- 12] Pets:** Please answer yes or no whether you have any pets. Then in the space provided, list the kind of pet you have, whether the pet is located inside or outside the residence and whether loose or confined. [This is especially important if you have a dog that will bite, or there are dangerous reptiles, etc. on the premises.]
- 13] Live alone?:** Please answer yes or no whether you live alone. If you live with someone else, please list the name[s] of the co-residents.
- 14] Able to Walk?:** Please answer yes or no whether you are able to walk or not.
- 15] List Physical Impairments:** Please list any physical impairments that you have.
- 16] Location of Medical History:** If you have information pertaining to your medical history located somewhere in your residence, please list where we will be able to find it. If you do not have a medical history located within your home, list the name of a friend, relative, family doctor, clinic, hospital, or other facility where your medical records are located.
- 17] Remarks:** Please use the space provided to tell us any other information that you would want us to know that we have not asked for, that you feel would be important for us to know.