

LIFELINE APPLICATION

Please complete this form (front and back) accurately and completely. If you are unable to answer a question please call 632-1113 and we will help answer questions you may have.

Please return the completed (pink) Lifeline form to:

St. Gabriel's Hospital, Lifeline Program, 815 Second Street SE, Little Falls, MN 56345

We will then contact you to set up a day and time to install the Lifeline unit at your convenience.

Name and Address:

(Print Clearly)

_____ Apartment #
_____ Zip Code

Birth Date _____ Your Telephone Number _____

Reason you want Lifeline - Basic medical criteria: _____

Do you require: _____ Insulin _____ Nitrogen _____ Oxygen

Closest relative to contact: Name _____ Phone Number _____

Do you live within the City of Little Falls? _____ Do you live in Morrison County? _____

Please give detailed directions to your home: _____

Name of your telephone company: _____

How many telephones do you have? _____

What kind of telephone do you have? _____ Wall _____ Desk or Table

The Lifeline machine will be connected to one of your telephones. In what room is that telephone located? _____

How is that telephone connected to the wall? _____ Wall Phone _____ Modular Jack
_____ Four-prong Jack _____ Hard Wire (no plug)

Do you have a 3-prong grounded electrical wall outlet within four feet of that telephone? _____

Can this wall outlet be turned off by a wall switch? _____ YES _____ NO

When you call St. Gabriel's Hospital, which number do you dial? _____ 632-5441 _____ 1-320-632-5441

Who referred you to Lifeline? _____ Doctor _____ Social Worker _____ Home Health _____ Family _____ Other

What type of personal help button do you prefer? _____ Necklace _____ Wrist

List the names, addresses, home phone number, work phone number and cell phone number of your three responders. These responders will need to be given a key to your home in order to answer any potential "Help Call" 24 hours a day.

(ACCESS TO A KEY IS ESSENTIAL)

Responder #1
(Print Clearly)

Name _____
Address _____

Home Phone _____
Work Phone _____ Cell Phone _____

Relationship (daughter, son, neighbor, friends...) _____

Does this Responder have access to a key to your home? ____YES ____NO

Responder #2
(Print Clearly)

Name _____
Address _____

Home Phone _____
Work Phone _____ Cell Phone _____

Relationship (daughter, son, neighbor, friend...) _____

Does this Responder have access to a key to your home? ____YES ____NO

Responder #3
(Print Clearly)

Name _____
Address _____

Home Phone _____
Work Phone _____ Cell Phone _____

Relationship (daughter, son, neighbor, friend...) _____

Does this Responder have access to a key to your home? ____YES ____NO

◆ Name of your Family Physician _____
◆ Clinic Name/Address _____

◆ Do you have any questions regarding Lifeline Subscriber Lease Agreement? __YES __NO

◆ Who will be responsible for the payment of the Lifeline Services? Self _____ Other _____
If other, please indicate organization or name and address:

◆ Would you like information on the Senior Companion Program (Ext. 1240) which involves friendly phone calls and home visits by a Senior Companion? ____Yes ____No

Thank you for choosing Lifeline!