

SAIL –Supporting Active Independent Lives
SAIL S.O.S. – Sense of Security
Subscriber Information Form

(If you need help filling out this form, please call 230-4321 and we will be happy to help.)

1. **Subscriber:** _____

Address: _____ house condo/apt.

City: _____ **Zip:** _____ **Referred by:** _____

Phone: _____ **Cell:** _____ **Date of Birth:** _____

2. **Hospital Preference:** _____

3. **Do you have:** Low vision Poor Hearing Speech Problems

Heart trouble Fainting spells High blood pressure Breathing difficulties

Other: _____

Allergies to Medications – list: _____

4. **Do you use:** Cane Walker Wheelchair Oxygen

5. **Companion animals living in your home:** _____

6. **Hidden house key location(s):** _____

7. **Your next of kin (or person who has Power of Attorney):**

Name: _____

Address: _____

Home phone: _____ **Work phone:** _____ **Cell:** _____

Relationship: _____

8. **How is your telephone plugged into the wall?**

Plastic clip Wired directly into the wall 4-pronged attachment

I am interested in having an RJ31X jack installed for an additional fee which ranges between \$65 - \$130 depending on the complexity of the installation.

I currently use a pendant/bracelet alarm system. **Name of system:** _____

** PLEASE COMPLETE THE BACK SIDE OF THIS FORM**

Please provide us with the names and contact information of people (responders) who live near you and have access to your home. In the event that you activate the monitoring alarm and are unable to be contacted at your premises to explain your need, an operator will notify Dane County Dispatch. Then your responders will be contacted one at a time. (For your benefit, at least three responders are recommended but not required.)

I prefer to have my responders contacted first, if the operator is unable to contact me on premises. Dispatch should be called if none of my responders can be reached.

Be sure that the people listed below are aware that their names have been given to SAIL S.O.S. for this purpose.

Responder #1:

Name (please print): _____

Phone Numbers: (home) _____ (work) _____

(cell) _____ Relationship: _____

Responder #2:

Name (please print): _____

Phone Numbers: (home) _____ (work) _____

(cell) _____ Relationship: _____

Responder #3:

Name (please print): _____

Phone Numbers: (home) _____ (work) _____

(cell) _____ Relationship: _____

Additional Responders:

Please sign and date below. Thank you for choosing SAIL S.O.S.

Signature: _____ Date: _____