

# MY DAILYCALL™ Assurance Program Subscriber Application

## Citizen Information

Subscriber's phone number to be called

First name

Last name

Phone number

Alternate phone number

Address

City

State

Zip code

## Emergency Contact

First name

Last name

Phone number

Relationship

Address

City

State

Zip code

## Secondary Emergency Contact

First name

Last name

Phone number

Relationship

Address

City

State

Zip code

## Schedule Calls

In each day's box, write up to 2 scheduled times you would like to receive a MyDailyCall.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

## Citizen Details

Emergency house key location

Lives alone  Yes  No

If no, name of co-resident

Pets  Yes  No

If yes, what type

Physical impairments

Able to walk  Yes  No

Location of medical history

Location of medications or medications list

Subscribers must have a touchtone telephone with touchtone service and no call blocking services. At time of automated call subscriber must be able to press the specified digits to acknowledge the call. Subscriber must notify dispatch 24 hours in advance if they will not be home to receive calls.

Release and Hold Harmless Department and service provider against any claim in relation to service received through the MyDailyCall program:  
SUBSCRIBER ACKNOWLEDGES THAT THE DEPARTMENT IS PROVIDING THE SERVICE AS A PUBLIC SERVICE AND FOR NO COMPENSATION.

**SUBSCRIBER ACKNOWLEDGES THAT THE DEPARTMENT MAY, IN THEIR SOLE DISCRETION, TERMINATE THIS SERVICE AT ANY TIME. SUBSCRIBER ALSO ACKNOWLEDGES THAT TECHNICAL PROBLEMS OR HUMAN ERROR MAY RESULT IN A FAILURE OF THE SERVICE AT ANY TIME.** IN CONSIDERATION OF THESE FACTORS, SUBSCRIBER HEREBY WAIVES, RELEASES, AND HOLDS HARMLESS DEPARTMENT AND SERVICE PROVIDER FROM ANY CLAIM ARISING FROM A FAILURE, FOR ANY REASON, TO PROVIDE THE SERVICES CONTEMPLATED BY THIS AGREEMENT, AND SUBSCRIBER FURTHER AGREES TO WAIVE, RELEASE, AND HOLD HARMLESS AGAINST ANY CLAIM FOR DIRECT, INCIDENTAL, OR CONSEQUENTIAL DAMAGES ARISING FROM ANY ACT OR OMISSION OF DEPARTMENT, THEIR AGENCIES, EMPLOYEES, SERVICE PROVIDERS OR VOLUNTEERS, IN CONNECTION WITH DEPARTMENT'S PARTICIPATION IN THIS PROGRAM.

SUBSCRIBER FULLY UNDERSTANDS AND ACKNOWLEDGES THAT EMPLOYEES AND AGENTS OF THE DEPARTMENT MAY BE REQUIRED TO MAKE FORCIBLE ENTRY TO SUBSCRIBER'S RESIDENCE IF SUBSCRIBER FAILS TO RESPOND TO A "MyDailyCall." SUBSCRIBER AGREES TO HOLD HARMLESS THE EMPLOYEES AND AGENTS OF THE **DEPARTMENT SHOULD FORCIBLE ENTRY BE REQUIRED** IF OTHER REASONABLE MEASURES TO DETERMINE SUBSCRIBER'S STATUS HAVE BEEN EXHAUSTED OR ARE UNAVAILABLE.

SUBSCRIBER ACKNOWLEDGES BY SIGNING BELOW THAT SUBSCRIBER IS FULLY AWARE OF ALL TERMS AND CONDITIONS OF THIS AGREEMENT AND ACKNOWLEDGES RECEIPT OF A COPY OF SAME.

Subscriber Signature

Date

Interviewer / Witness

Department Program Coordinator Approved