

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 either 7:00, 8:00, 9:00, 10:00 o'clock. 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] **Key holder:** 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.

ARE YOU O.K.? INFORMATION FORM

PHONE:	DATE:	TIME TO CALL:	AM	PM	SERVICE #:
SUBSCRIBER NAME AND ADDRESS:			DOCTOR & CLERGY:		
Last name	First name	M.I.	Doctor's Name		
Street address			Doctor's Phone		
Apt. Bld Name		Apt #	Clergy's Name		
City	State	Zip Code	Clergy's Phone		
IN CASE OF EMERGENCY, NOTIFY:					
Last name	First name	M.I.	Last name	First name	M.I.
Street address			Street address		
City	State	Zip Code	City	State	Zip Code
Phone Number			Phone Number		
NEXT OF KIN:					
Last name	First name	M.I.	Last name	First name	M.I.
Street address			Street address		
City	State	Zip Code	City	State	Zip Code
Phone Number			Phone Number		
KEY ON PREMISES?		YES	NO	LOCATION:	
KEYHOLDER:					
Last name	First name	M.I.	Last name	First name	M.I.
Street address			Street address		
City	State	Zip Code	City	State	Zip Code
Phone Number			Phone Number		
PETS?		YES	NO	TYPE & LOCATION	
LIVE ALONE?		YES	NO	CO-RESIDENTS	
ABLE TO WALK?		YES	NO	LIST PHYSICAL IMPAIRMENTS:	
LOCATION OF MEDICAL HISTORY:					
REMARKS					



CLEVELAND COUNTY SHERIFF'S OFFICE

Alan Norman, Sheriff

P.O. Box 1508
Shelby, NC 28151-1508
704-484-4888
Fax: 704-484-4856

Cleveland County Sheriff's Office Are You O.K.? Emergency Consent Form

I, {Name} _____, agree to participate in the Cleveland County Sheriff's **ARE YOU O.K.? Program**. I do hereby give my permission to **Emergency and/or Law Enforcement Personnel** to respond appropriately to any perceived emergency situation involving my health and /or safety.

I have identified on my application the name of a key holder that I have given permission to release a key to **Emergency and/or Law Enforcement personnel**, and the names of family members for emergency contact, so that my house would be accessible for **Emergency and/or Law Enforcement personnel** in the event of an emergency.

In the event, that a key holder or other family member so named cannot respond, I hereby give permission in the event of an emergency situation involving my health and/or safety, to allow **Emergency and/or Law Enforcement personnel** to enter my residence by force if necessary, and without further delay, to insure my health and /or safety.

I, further understand that the information contained on the **ARE YOU O.K.? Field Interview Form**, will be released to **Emergency and/or Law Enforcement personnel** as necessary for me to participate in the **ARE YOU O.K.? Program**.

Date

Subscriber/participants signature

Date

Witness

**PLEASE SIGN AND RETURN THIS FORM WITH YOUR APPLICATION
AND WAIVER RELEASE FORMS**



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WAIVER AND RELEASE

As a subscriber to the **Are You O.K.? Program**, I the undersigned do hereby "**Release and Hold Harmless**" the Cleveland County Sheriff's Office, Sheriff Norman, his Deputies and Employees against any claim in relation to service received through the **Are You O.K.? Program**.

I, the subscriber further acknowledge:

- 1] **That the Cleveland County Sheriff's Office is providing this service as a public service for no compensation, fee, or charge.**
- 2] **That the Cleveland County Sheriff's Office may, in their sole discretion, terminate this service at any time.**
- 3] **That technical problems or human error may result in a failure of the service at any time.**

Knowing this, I, the subscriber hereby **Waives, Releases, and Holds Harmless** the Cleveland County Sheriff's Office, Sheriff Norman, his Deputies and Employees 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 the aforesaid, against any claim for direct, incidental, or consequential damages arising from any act or omission in connection with participation in this program.

Date

Subscriber/participants signature

Date

Witness

PLEASE SIGN AND RETURN THIS FORM WITH YOUR APPLICATION
AND CONSENT FORM TO THE CLEVELAND COUNTY SHERIFF'S
OFFICE.