

LIFELINE®

Methodist Hospital, PO Box 650, Minneapolis, MN 55440

Phone: (952) 993-6474 Fax: (952) 993-6871

Thank you for your interest in Methodist Hospital Lifeline, a part of Park Nicollet Health Services. Please complete this application and return it to our office by mail or fax. After we process your application, one of our volunteers will call to arrange a time for installation. A check covering the activation fee and first month's rental fee will be accepted at time of installation. See brochure for further details, including communicator styles and pricing.

Please provide complete addresses and phone numbers.

COMMUNICATOR STYLE: (Please check one)

Standard Telephone w/Reminders*

* If choosing Telephone with Reminders, who will be responsible for recording and managing the reminders?

Name: _____ Phone(s) _____

This "Reminder Contact" should be present at installation, if possible.

SUBSCRIBER INFORMATION:

Name _____ Phone Number (_____) _____

Address _____ Apt. # _____

Birth Date ____/____/____

Hospital Preference _____

If you live in an apartment, is it necessary for you to dial a 9 or other number to obtain an outside line?

YES NO

If yes, which number? ____

Optional: Physician's Name (first/last) _____ Phone (_____) _____

Physician's Address _____

How did you find out about Methodist Hospital Lifeline? (Please be specific.)

Language need (if other than English) _____

Medical Conditions (heart, diabetes, hard of hearing, etc.) _____

Drug Allergies _____ Special Equipment Used _____

Name & relationship of anyone living with the applicant _____

Optional: Directions to home _____

Optional: Hidden key location _____

INACTIVITY TIMER (An additional \$5/month will be charged to those who choose to use the timer.)

If you choose to use the built-in 12 hour inactivity timer, the timer must be reset morning, midday and bedtime, while at home. If timer is not reset and time runs out, an alarm is sent to the LIFELINE response center. Can be helpful if you meet **all** these criteria:

- Concerned you might need help, but for some reason would be unable to press the Lifeline help button you are wearing;
 - Live alone with no one checking on you regularly;
 - Are committed to remembering to push a timer reset bar 3 times/day when at home.
- Please check one:** I want to use the timer. I do not want to use the timer.

RESPONDER INFORMATION

- Responders **should live close to you** and **have keys** or other access to your home.
- Do not list someone unless they have agreed to be a responder.

Please list 3 responders **in the order you want them called**. Include area codes. We cannot accept pager numbers.

1. Name _____ Home Phone (____)_____

Address _____ Work Phone (____)_____

_____ Cell Phone (____)_____

Relationship to applicant _____ Have Keys? YES NO

2. Name _____ Home Phone (____)_____

Address _____ Work Phone (____)_____

_____ Cell Phone (____)_____

Relationship to applicant _____ Have Keys? YES NO

3. Name _____ Home Phone (____)_____

Address _____ Work Phone (____)_____

_____ Cell Phone (____)_____

Relationship to applicant _____ Have Keys? YES NO

EMERGENCY CONTACT (optional)

If you receive help through Lifeline, we will attempt, for up to 24 hours, to notify one or two “Emergency Contacts” of the incident. Please designate **only one** responder, relative or friend; and/or **one** home care or social service contact.

1. Name _____ Relationship _____

Phone: Home (____)_____ Work (____)_____ Other (____)_____

2. Name _____ Relationship _____

Phone: Home (____)_____ Work (____)_____ Other (____)_____

INSTALLATION / CLARIFICATION

If other than applicant, whom should we call to arrange installation?

Name:

Phone(s):

Relationship to applicant:

If other than applicant, whom should we call if we need clarification about any information provided on this application?

Name:

Phone(s):

Relationship to applicant:

MONTHLY TEST

It is important that Lifeline equipment be used (tested) monthly—any day or time—to ensure it is in good working order, and to help the subscriber feel comfortable operating the system. If it will be difficult for the subscriber to remember to initiate a monthly test (even with calendar reminder stickers), who will take responsibility for making sure the test is performed?

Name:

Phone(s):

Address:

(We will send a test reminder/instruction card to the subscriber or other responsible party.)

OTHER INFORMATION

- Lifeline can only be installed on a private phone line.
- The equipment must be plugged into a phone jack and an electrical outlet.
- If you use an answering machine, please set it to pick up after four or more rings, if possible.

Do you have at least one regular or cordless phone in your home that sits on a desk or table?

Yes

No

Is it possible to disconnect that phone from the phone jack, or is it an old phone that is wired directly into the wall and cannot be disconnected?

Can Disconnect phone from phone jack

Cannot Disconnect phone from phone jack

We have been providing Lifeline to people in our community for over 20 years, and now we look forward to serving you, too!

Thank you for providing this information.

