



Amador-Tuolumne Community Action Agency

Amador Lifeline

935 S. State Hwy 49, Jackson, CA 95642

(209)223-1485, ext 232 Fax: (209) 223-4178

## AMADOR LIFELINE REQUEST FOR SERVICE

Date \_\_\_\_\_

Subscriber \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Spouse \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Bills to be sent to: Subscriber  Other

Guarantor if other than subscriber: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

REFERRED BY \_\_\_\_\_

### **INFORMATION FOR THE RESPONSE CENTER:**

List Drug *Allergies* \_\_\_\_\_

Circle/Describe Medical Conditions and/or Diseases

Bedridden: Severe/Moderate

Heart: Severe/Moderate

Diabetes: Severe/Moderate

Mobility: Cane/Walker/Wheelchair

Hand/Finger Impairment: Severe/Moderate

Vision: Severe/Moderate

Hearing Impaired: Severe/Moderate

Other \_\_\_\_\_

Doctor's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

**RESPONDERS:**

List at least two friends, neighbors, or relatives who live within 10 minutes and will have access to your home.

**Responder #1** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

Cell phone ( ) \_\_\_\_\_ Has key/access? Yes No

**Responder #2** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

Cell phone ( ) \_\_\_\_\_ Has key/access? Yes No

**Responder #3** \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Work phone ( ) \_\_\_\_\_

Cell phone ( ) \_\_\_\_\_ Has key/access? Yes No

**NOTIFY:**

Family Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Has key/access? Yes No

Physical Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home phone ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

**Household Hidden Key Location - - - Contact Lifeline Sys. Inc. - - - 1-800-451-0525**

Or provide here \_\_\_\_\_

**INSTALLATION INFORMATION**

Do you have plug-in phones? \_\_\_\_\_ How many? \_\_\_\_\_ Any Cordless? \_\_\_\_\_

Do you have a computer? \_\_\_\_\_ DSL line? \_\_\_\_\_

Phone company you have service with \_\_\_\_\_ House Size (sq ft) \_\_\_\_\_

*Please note—adequate telephone jack and electrical outlets are the responsibility of the subscriber.*

***Please return your check with this application made payable to Amador Lifeline***

**Installation fee is: \$50.00      Monthly fee is: \$40.00      Total Due: \$90.00**

If you have any questions, please call the Amador Lifeline office at 223-1485 x 232