



Rutland Regional
 Medical Center
 160 Allen Street
 Rutland, VT 05701-4595
 (802) 775-7111

FOR REGISTRATION:

___ Self Pay ___ Mcd. Wvr.

LIFELINE APPLICATION

Lifeline Program Office
Telephone: (802) 747-1816
Fax Line: (802) 772-7534

Please send application to:

Lifeline Program Manager
 160 Allen Street
 Rutland, VT 05701

Today's Date: _____ Male ___ Female ___
 Applicant's Name: _____ Date of Birth: _____
 Street Address: _____ Apt No: _____
 Town: _____ State: _____ Zip: _____ Telephone: _____
 Is this a **landline** phone? _____

Please list at least **1 Responder** (below right). These should be relatives or neighbors who live **nearby** whom the Lifeline Emergency Department would call to go to your house to check should you press your button for help. **KEYS MUST BE GIVEN TO RESPONDERS BEFORE THE DAY OF INSTALLATION OF THE UNIT.**

Medical Notes

Drug Allergies:

Medical Conditions:

Remarks:

Physician: _____
 (First and Last Name)
 Physician Telephone: _____

Hospital Preference: _____ RRMC

RESPONDERS (at least 1)	
1.	Name: _____ Home# _____ Relationship: _____ Work# _____ Key to Applicant's Home? ___ yes Cell# _____
2.	Name: _____ Home# _____ Relationship: _____ Work# _____ Key to Applicant's Home? ___ yes Cell# _____
3.	Name: _____ Home# _____ Relationship: _____ Work# _____ Key to Applicant's Home? ___ yes Cell# _____

Describe any difficulties applicant has with vision, hearing, or ability to understand: _____

Applicant's primary language: English Other: _____

Does applicant live alone? Yes No If no, name/relationship of other at home _____

Applicant's Social Security #: _____

Phone Carrier

For Landline Phone: Consolidated Comcast other : _____ (Please Specify)

Does applicant have Medicare? Yes No Does applicant have Medicaid? Yes No

Name and telephone number of person filling out this application, if other than applicant: _____

Relationship to applicant: _____

➡ **SEND BILL TO:** (if other than applicant)

Service Type Pick One:

HomeSafe Basic Unit (\$38.00/Month) HomeSafe with Auto Alert (\$51.00/Month)
 GoSafe Wireless Basic (\$55.00/Month)
 GoSafe Wireless Auto Alert (\$63.00/Month) On The Go Mobile Help Button, \$99.95 purchase (\$49.95/Month)

Directions to applicant's home, please print clearly:

Hidden Key Location (to prevent unnecessary forced entry into home by Emergency Personnel):

Does applicant have an Advance Directive?

Name of Agent: _____ Telephone #: _____

Relationship: _____

Installer: _____