



Date: _____
Sent _____
Received _____
Source _____
For SRC Lifeline Personnel only

Senior Roll Call Lifeline Enrollment Application

Last Name _____ First _____ MI _____

Street Address _____

Apt Bldg Name / # _____

City _____ State _____ Zip _____

Phone (_____) _____ Cell phone (_____) _____

E-mail address _____

Desired call time (Circle One) 7 8 9 10 AM

Circle days to be called M TU W TH F SAT SUN

Do you have an answering machine? YES or NO

Doctor's Name _____ Phone _____

Do you attend any senior centers? (Circle One) YES or NO

If yes, name of center / phone # / days attended _____

CONTACTS

Please list in order of preference, the names of those you would like us to contact if we are unable to reach you during your call time. Please discuss this program with your emergency contacts and let them know we may call them if we cannot reach you. Ask what their preferred method of contact is, Home, Cell, or Work. Please choose people who are familiar with what you do and where you go each day, if possible.

First Contact:

Name _____

Address _____

City _____ State _____ Zip _____

1st Phone (H/C/W) _____ 2nd Phone (H/C/W) _____

E-mail address _____

Relationship _____ Key Holder YES or NO

Second Contact:

Name _____

Address _____

City _____ State _____ Zip _____

1st Phone (H/C/W) _____ 2nd Phone (H/C/W) _____

E-mail address _____

Relationship _____ Key Holder YES or NO

Third Contact

Name _____

Address _____

City _____ **State** _____ **Zip** _____

1st Phone (H/C/W) _____ **2nd Phone (H/C/W)** _____

E-mail address _____

Relationship _____ **Key Holder** **YES** or **NO**

Fourth Contact

Name _____

Address _____

City _____ **State** _____ **Zip** _____

1st Phone (H/C/W) _____ **2nd Phone (H/C/W)** _____

E-mail address _____

Relationship _____ **Key Holder** **YES** or **NO**

ADDITIONAL INFORMATION

Are you able to walk? YES or NO

List any physical impairment _____

Live alone? YES or NO If no, who lives with you? _____

Do you keep a key hidden outside the home? YES or NO

Where is the key hidden? _____

Do you have any pets? YES or NO What type of pet and where is the pet located? _____

Date of birth _____

Hospital choice _____

Do you drive? _____

Vehicle: Make _____ Model _____

Year _____ Color _____

Where do you park the vehicle? _____

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Release and Waiver

I, _____, hereby
(PLEASE PRINT)

release and forever discharge New Castle County Government (the “County”), its heirs, executors, administrators, agents and assigns, from any and all claims, demands, actions, causes of action or suits of any kind or nature whatsoever as it relates to my participation in the Senior Roll Call Lifeline Program.

Signature

Date

(Your signature is required as a Senior Roll Call Lifeline Member)

Please sign and return these forms to:

**Senior Roll Call Lifeline Program
c/o New Castle County Police Department
3601 N DuPont Hwy
New Castle, DE 19720**