



CITY OF CLEVELAND
Mayor Frank G. Jackson

Cleveland Care Calls Application Form

Department of Aging
75 Erievue Plaza, Room 201
Cleveland Ohio 44114

Applicant: Please submit completed application to the address above.

| | | | | | | |
|---|--------------------|---------------|--|-----------------------------|----------------|---------------|
| What time (between 7 and 11am) would you like to receive your call? | | | Circle the day(s) of the week would you like to receive your call: MON TUES WED THURS FRI SAT SUN | | | |
| PHONE NUMBER (216) | | | Does your phone have an answering machine? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| LAST NAME | | | FIRST NAME | | MIDDLE INITIAL | |
| STREET ADDRESS | | | APT. BUILDING NAME | | APARTMENT # | |
| CITY Cleveland | STATE OH | ZIP | DATE OF BIRTH | | NATIONALITY | |
| CO-RESIDENTS | | | | | | |
| ARE YOU ABLE TO WALK? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | LIST ANY PHYSICAL IMPAIRMENTS BELOW: | | | |
| <hr/> <hr/> <hr/> | | | | | | |
| Do you have pets? <input type="checkbox"/> YES <input type="checkbox"/> NO | | NUMBER | TYPE | | LOCATION | |
| PLEASE NOTE ANY SPECIAL NEED THAT CLEVELAND CARE CALLS SHOULD KNOW ABOUT | | | | | | |
| <hr/> <hr/> <hr/> | | | | | | |
| EMERGENCY CONTACT INFORMATION | | | | | | |
| I understand that the above person has registered with "Cleveland Care Calls" and is to be called daily to check on their well being. In the event that he/she does not respond to the call, I will be notified to check on their welfare. I am also aware that as an Emergency Contact I assume a responsibility to respond to the participant's residence when needed. I further acknowledge that if no of Emergency Contacts can be contacted or are able to respond, a City of Cleveland, Department of Public Safety, Emergency Unit may be dispatched and, if necessary, the participant's residence may be forcibly entered. | | | | | | |
| EMERGENCY CONTACT 1 | | | | EMERGENCY CONTACT 2 | | |
| NAME | | | MI | NAME | | MI |
| STREET ADDRESS | | | | STREET ADDRESS | | |
| CITY | | STATE | ZIP | CITY | | STATE ZIP |
| RELATIONSHIP | | HOME PHONE | | RELATIONSHIP | | HOME PHONE |
| WORK PHONE | | CELL OR PAGER | | WORK PHONE | | CELL OR PAGER |
| EMERGENCY CONTACT SIGNATURE | | | | EMERGENCY CONTACT SIGNATURE | | |

| KEY-HOLDERS (IF OTHER THAN EMERGENCY CONTACT PERSONS NAMED) | | | | | | | |
|---|--|-------|-----|----------------|--|-------|-----|
| KEY HOLDER 1 | | | | KEY HOLDER 2 | | | |
| NAME | | | MI | NAME | | | MI |
| STREET ADDRESS | | | | STREET ADDRESS | | | |
| CITY | | STATE | ZIP | CITY | | STATE | ZIP |
| PHONE NUMBERS | | | | PHONE NUMBERS | | | |

Cleveland Care Calls Participation Agreement and Waiver

I agree to participate in the City of Cleveland’s “Cleveland Care Call” program. I understand that through this program I will receive a telephone call daily at approximately the same time. My responsibility is to answer the telephone and follow the directions given. If I am unable to answer the telephone for any reason the program will continue to make several attempts for up to one half hour. At the conclusion of the half hour if there is still no response to the system, it will attempt to contact the person/persons that I have designated as emergency or key-holder contacts. These emergency or key-holder contacts will respond and may enter my residence to check on my well being. If for any reason my designated contacts are not available or otherwise not able to enter my residence, the City of Cleveland may forcibly enter my residence to check on my status. I understand that the City of Cleveland does not guarantee immediate response and will dispatch safety forces upon availability. I understand that if in the course of checking on my well-being, it is necessary for the Safety personnel to forcibly enter my home; I am responsible for any damages.

I acknowledge that the City of Cleveland is providing this program as a public service and for no compensation. I acknowledge and agree that the City of Cleveland may, in its sole discretion and without notice, terminate this service at any time. It is also acknowledged that the service may fail at any time due to technical problems, human error or other factors within and/or outside of the City of Cleveland’s control.

In consideration of these factors, I waive, release and hold harmless the City of Cleveland from any and all claims arising from a failure, for any reason, to provide the services contemplated by this Participation Agreement and I further waive, release, and hold harmless the City of Cleveland from any and all claims for direct, incidental consequential, or punitive damages arising from any act or omission of the City of Cleveland in the administration and/or performance of this program, including but not limited to, damage caused by forced entry into my residence to check on my safety and well being.

Date

Participant’s Signature

Date

Witness

This service is provided by City of Cleveland Departments of Aging and Public Safety