

Valley Alert Lifeline Application

If you are interested in having Lifeline installed, please fill out the information below and email to valleyalertlifeline@telus.net or fax 604-852-7860. You can also call us at 604-854-5991 or toll-free 1-888-969-1818. We look forward to hearing from you and answer any questions you may have.

PART I - SUBSCRIBER PERSONAL INFORMATION		Mr.	Mrs.	Ms.	Dr.	
Legal First Name:		Middle:		Legal Last Name:		Preferred (Nickname) Name:
Apt/Unit#:	HOME ADDRESS:					
City:	Prov: BC	Postal Code:		Entry/Buzzer Code:		
Phone:(home)		(cell)		Date of Birth: Day / Month / Year:		
<i>If you're being discharged from a hospital, we want to ensure the installation of Lifeline happens as quickly as possible.</i>						
Is this install due to a discharge from hospital?		Yes	No			
PART II – PEOPLE WILLING TO HELP						
RESPONDERS: <i>Responders are important as these are the people who live close to you, within a 1-20 minute drive from your home, who you trust, because they need a key to get in to make sure you're okay. They will also give access to paramedics if necessary. It is not mandatory that you give us 3 different people, but the more people you can give us increases the chance that one will be available to help you. We contact them in the order you have provided until we get an answer.</i>						
1. First Name:	Last Name:			Relation(To the Subscriber): _____		
Home:	Cell:	Work/Other:		Has House Key? Yes No		
				How many Minutes away from subscriber? _____		
2. First Name:	Last Name:			Relation(To the Subscriber): _____		
Home:	Cell:	Work/Other:		Has House Key? Yes No		
				How many Minutes away from subscriber? _____		
3. First Name:	Last Name:			Relation(To the Subscriber): _____		
Home:	Cell:	Work/Other:		Has House Key? Yes No		
				How many Minutes away from subscriber? _____		

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Next of Kin/Emergency Contacts (these people DO NOT need to live close by) *Your Next of Kin can live anywhere – these are your close family members that need to know when you are requiring medical assistance. Next of Kin can also be a Responder if they live close by.*

1. NAME:	Relationship:
Phone#	Cell#
2. NAME:	Relationship:
Phone#	Cell#

Do You Have A Landline Phone: **No** **Yes** **If Yes,** **Telus** **or** **Shaw** **or** **Internet Phone**

PART III - SUBSCRIBER MEDICAL INFORMATION: This information helps to ensure you get the type of help you need as quickly as possible if an ambulance is called. Your medical information is provided to paramedics to help them understand your medical needs before arriving to your home.

<input type="checkbox"/> Atrial Fib <input type="checkbox"/> ALS <input type="checkbox"/> Alzheimer's <input type="checkbox"/> Angina <input type="checkbox"/> Arthritis <input type="checkbox"/> Asthma <input type="checkbox"/> COPD <input type="checkbox"/> Cancer <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Cirrhosis	<input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Crohn's Disease <input type="checkbox"/> Dementia <input type="checkbox"/> Diabetes <input type="checkbox"/> Type 1 <input type="checkbox"/> Type 2 <input type="checkbox"/> Dialysis <input type="checkbox"/> Emphysema <input type="checkbox"/> Epilepsy <input type="checkbox"/> Hearing Impaired/ H Aids <input type="checkbox"/> Heart Disease <input type="checkbox"/> Heart Valve Implant	<input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Kidney <input type="checkbox"/> Limited Mobility <input type="checkbox"/> walker <input type="checkbox"/> cane <input type="checkbox"/> wheelchair <input type="checkbox"/> Low Blood Pressure <input type="checkbox"/> Lupus <input type="checkbox"/> Macular degeneration <input type="checkbox"/> Muscular dystrophy <input type="checkbox"/> Multiple Sclerosis	<input type="checkbox"/> Osteoporosis <input type="checkbox"/> Pacemaker <input type="checkbox"/> Parkinson's <input type="checkbox"/> Pulmonary <input type="checkbox"/> Quadriplegic <input type="checkbox"/> Stroke (date) <input type="checkbox"/> Thyroid <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Eyeglasses <input type="checkbox"/> Other	Drug Allergies: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Amoxicillin <input type="checkbox"/> Ampicillin <input type="checkbox"/> Aspirin <input type="checkbox"/> Codeine <input type="checkbox"/> Demerol <input type="checkbox"/> Erythromycin <input type="checkbox"/> Morphine	<input type="checkbox"/> Naproxen <input type="checkbox"/> Oxycocet <input type="checkbox"/> Penicillin <input type="checkbox"/> Tylenol <input type="checkbox"/> Sulfadruugs <input type="checkbox"/> Other (specify)
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Life Saving Medications <input type="checkbox"/> ASA <input type="checkbox"/> Blood pressure meds <input type="checkbox"/> Blood Thinners <input type="checkbox"/> Dialysis <input type="checkbox"/> Heart Medication <input type="checkbox"/> Insulin <input type="checkbox"/> Oxygen <input type="checkbox"/> None <input type="checkbox"/> Other:	Where are your medications? <i>We also ask where your medications are so the ambulance drivers can find it and if needed, get you to the hospital quickly.</i> <input type="checkbox"/> Kitchen <input type="checkbox"/> Refrigerator <input type="checkbox"/> Living room <input type="checkbox"/> Top of Microwave <input type="checkbox"/> Bedroom <input type="checkbox"/> Other: <input type="checkbox"/> Bathroom	Medications are kept on/ in the: <input type="checkbox"/> Cupboard <input type="checkbox"/> Counter <input type="checkbox"/> Table <input type="checkbox"/> Bench Detailed Location?
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Primary Spoken Language : **English** **French** **Punjabi** **Hindi** **Cantonese** **Other (specify)**

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PLEASE CHOOSE ONE OF THE PERSONAL HELP BUTTONS BELOW			
1.	HomeSafe Standard If you need help, you MUST be able to press the button.	Wrist Band or Neck cord	Price: \$40 Per Month (with landline) \$55 (cell only)
2.	HomeSafe with Fall Detection Can Automatically detect up to 95% of hard falls, but recommended you always press the button if you are able to. (Worn around the neck only).		Price: \$50 Per Month (with landline) \$65 (cell only)
3.	Mobile Help Button: It combines Automatic fall detection and GPS technology to provide coverage in and outside of the home. (Worn around the neck only).		Price: \$75 Per Month
*CANNOT USE the Mobile Help Button IF YOU HAVE ANY IMPLANTABLE DEVICES (ie) PACEMAKER, DEFIBRILLATOR OR INSULIN PUMP. *Mobile Help Button IS NOT a wandering device, it cannot be used to track subscriber's exact whereabouts on a cell phone or any other device.			
PART IV – PAYMENT METHOD			
Pre-Authorized Payments from Bank Account		Pre-Authorized Payments from Credit Card	
VAC - If you are a VAC(Veterans Affairs Canada) client, please contact your VAC representative to see if you qualify for coverage of their service. VAC REQUIRES A FAXED OR MAILED IN DOCTOR'S PRESCRIPTION FOR LIFELINE TO START THE AUTHORIZATION PROCESS. You have the option of requesting installation of the Lifeline service prior to confirming whether VAC will approve or not. If you are not approved by VAC, you will be responsible for the regular fees.			
I understand the equipment is property of Valley Alert Lifeline Society. If damaged or not returned upon cancellation, a replacement cost will be incurred at the subscriber's expense. Read and acknowledged			
One time activation fee: \$50.00			
Replacement Costs: HomeSafe Standard Button \$100; HomeSafe Fall Detection Button \$168; Mobile Help Button \$315; Read and acknowledged			
Pets Provide Lifeline staff and emergency worker awareness of pet(s) in the home.			
Pets:	No Yes If yes, specify type:	Pets Aggressive?	Indoor Outdoor
Smoker:	No Yes If yes: inside outside only		
Access Information <i>Information on hidden keys and lock boxes given to police, fire or ambulance only</i>			
Location of hidden house key :		Lockbox Location:	Lockbox Code:

Who should we contact to confirm information and appointment for Lifeline Service: Name: _____ **Phone#** _____

Valley Alert Lifeline Mobile Help Button Application

***ONLY FILL OUT, IF YOU ARE APPLYING FOR MOBILE HELP BUTTON**

Physical Description The following information is required by Emergency personnel to help find you in an emergency when you are away from your home.	Height:	Weight:	Ethnicity:
	Hair Color:	Eye Color:	Race:

Frequently Visited Contacts: The following information will assist to quickly locate you in case of an emergency outside your home.			
1. First Name:	Last Name:		Location Name:
Location Street Address:		Suite/Apt. No.:	Special Notes:
City:	Province:	Postal Code:	
2. First Name:	Last Name:		Location Name:
Location Street Address:		Suite/Apt. No.:	Special Notes:
City:	Province:	Postal Code:	

Subscriber Vehicle Information: The following information is required to locate you in case of an emergency outside your home.		
Vehicle Color:	Vehicle Make/Model:	Vehicle License Plate: