

**2010 LIFELINE  
NEW APPLICANT  
INCOME, AGE, AND HOUSEHOLD SIZE VERIFICATION**

This form must be filled out and the appropriate documentation must be provided.

**TOTAL HOUSEHOLD SIZE** \_\_\_\_\_

**SELF-DECLARATION OF HOUSEHOLD INCOME**

The total household income received in the past twelve (12) months was \$\_\_\_\_\_. I understand that "income" means all of the money received by anyone in my household including, but not limited to:

- |                                    |                                   |
|------------------------------------|-----------------------------------|
| 1.) Gross Payroll (pre-tax amount) | 2.) Unemployment Benefits         |
| 3.) Worker's Compensation          | 4.) Social Security Income        |
| 5.) Child Support                  | 6.) Alimony                       |
| 7.) Inheritance                    | 8.) Pensions and Annuity Payments |
| 9.) Any Untaxed Income             |                                   |

I further state that the sources of all income, including the time periods in which I received these sources, are listed in detail below\*:

**Federal program guidelines define a household as all people living in the same house, regardless of whether you maintain separate finances.**

<u>PERSON</u>	<u>INCOME TYPE</u>	<u>AMOUNT (\$)</u>	<u>TIME PERIOD RECEIVED</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If additional space is needed, please attach extra pages.

I verify that all of my statements on this form are true and correct. I realize that I can be held liable under Federal and/or State law for making any knowingly false or fraudulent statements.

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER(S) \_\_\_\_\_

**\*Documentation supporting the above disclaimer must be attached. Income verification should be provided in the form of the most recent social security statements, wage statements, income tax returns and/or bank statements containing the company/agency name and direct deposit amounts. Age verification should be provided in the form of a driver's license, state identification card or birth certificate photocopy.**

**2010 PARTICIPANT SURVEY**

**(For Federal Reporting Purposes—in order to be eligible for free service you must complete the following information)**

Name: \_\_\_\_\_

Address \_\_\_\_\_

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

How many people reside in your home? \_\_\_\_\_

Do you have a female as the head of your household? \_\_\_\_\_ yes \_\_\_\_\_ no

**Income**

What is your gross household monthly income? \_\_\_\_\_

What is your gross household yearly income? \_\_\_\_\_

**Race/ Ethnicity**

Do you consider yourself to be of Hispanic descent? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you consider yourself to be one race or multiple races? One \_\_\_\_\_

Multiple \_\_\_\_\_

What race do you consider yourself to be? Please check one:

**RACE:**

\_\_\_\_\_ White

\_\_\_\_\_ Black/African American

\_\_\_\_\_ Asian

\_\_\_\_\_ American Indian/ Alaskan Native

\_\_\_\_\_ Native Hawaiian/ Other Pacific Islander

\_\_\_\_\_ American Indian/ Alaskan Native & White

\_\_\_\_\_ Asian & White

\_\_\_\_\_ Black/African American & White

\_\_\_\_\_ American Indian/ Alaskan Native & Black/African American

\_\_\_\_\_ Other: \_\_\_\_\_

Please submit the information to:

Lifeline

Attn: Brandy Cramer

703 S. Main St. Suite 211

Akron, Ohio 44311

# LIFELINE APPLICATION

MAIL TO: LIFELINE  
INFO LINE, INC.  
703 S. Main Street  
Suite 211  
Akron OH 44311

CALL: 330-762-0308  
1-800-944-0308  
FAX: 330-315-1392

## 1. HOUSEHOLD INFORMATION

**SIDE 1**

NAME		SEX: <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH
SPOUSE/OTHER		SEX: <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF BIRTH
ADDRESS			APT
CITY	ZIP	TOWNSHIP	COUNTY
HOME PHONE	WORK PHONE	WORK HOURS	CELL PHONE
COMPLEX OR BUILDING NAME (Include if you live in an apartment, development or trailer park)			NEAREST CROSSROAD
KEY or LOCKBOX LOCATION (You may want to hide your house key or place a lockbox outside and inform us of its location and combination to prevent the police from forcing entry during an emergency or false alarm.)			

## 2. MEDICAL INFORMATION: Please include as much information as possible.

SELF	SPOUSE/OTHER
DESCRIBE YOUR MEDICAL CONDITION OR ANY DISABILITIES	DESCRIBE YOUR MEDICAL CONDITION OR ANY DISABILITIES
<input type="checkbox"/> DO YOU TAKE A BLOOD THINNER? NAME? <input type="checkbox"/> DO YOU USE OXYGEN?	<input type="checkbox"/> DO YOU TAKE A BLOOD THINNER? NAME? <input type="checkbox"/> DO YOU USE OXYGEN?
CHECK ALL THAT APPLY: <input type="checkbox"/> CANE <input type="checkbox"/> QUAD CANE <input type="checkbox"/> WALKER <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> ELEC. SCOOTER <input type="checkbox"/> BEDBOUND <input type="checkbox"/> OTHER:	CHECK ALL THAT APPLY: <input type="checkbox"/> CANE <input type="checkbox"/> QUAD CANE <input type="checkbox"/> WALKER <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> ELEC. SCOOTER <input type="checkbox"/> BEDBOUND <input type="checkbox"/> OTHER:
PHYSICIAN	PHYSICIAN
PHONE	PHONE
SPECIALIST	SPECIALIST
PHONE	PHONE
PREFERRED HOSPITAL	PREFERRED HOSPITAL

## 3. PET INFORMATION

DO YOU OWN A PET? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE	NAME
DURING THE INSTALLATION, YOUR PET(S) WILL NEED TO BE CONFINED TO AN AREA AWAY FROM THE INSTALLER.		

**4. EMERGENCY CONTACT:** Whom do you want notified if you are taken to the hospital?

NAME		RELATIONSHIP	
ADDRESS	CITY	STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE/PAGER (Circle)	

**5. RESPONDERS:**

These are family, friends or neighbors called to check on you if you do not respond during an alarm. They must live within 15 mins.

<b>ONE</b>	NAME		RELATIONSHIP	
	ADDRESS	CITY	STATE	ZIP
	HOME PHONE	WORK PHONE	CELL PHONE/PAGER (Circle)	
	ADDITIONAL INFORMATION			KEY <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>TWO</b>	NAME		RELATIONSHIP	
	ADDRESS	CITY	STATE	ZIP
	HOME PHONE	WORK PHONE	CELL PHONE/PAGER (Circle)	
	ADDITIONAL INFORMATION			KEY <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>THREE</b>	NAME		RELATIONSHIP	
	ADDRESS	CITY	STATE	ZIP
	HOME PHONE	WORK PHONE	CELL PHONE/PAGER (Circle)	
	ADDITIONAL INFORMATION			KEY <input type="checkbox"/> YES <input type="checkbox"/> NO

**6. PAYER:** Whom should we bill for your monthly Lifeline service?

NAME	RELATIONSHIP	HOME PHONE
ADDRESS		
CITY	STATE	ZIP

**7. PLEASE ANSWER THE FOLLOWING QUESTIONS**

<b>A. Who referred you or informed you of Lifeline?</b>		
NAME	RELATIONSHIP/AGENCY	PHONE
<b>B. Do you prefer to wear the personal help button on the wrist, around the neck or on a clip?</b>		
<input type="checkbox"/> ADJUSTABLE ELASTIC WRISTBAND	<input type="checkbox"/> ADJUSTABLE NECKCORD	<input type="checkbox"/> CLIP ATTACHES TO CLOTHING OR BELT
<b>C. Whom should we contact to schedule the installation or to obtain further information?</b>		
NAME	RELATIONSHIP	PHONE
<b>D. Do you have Direct Subscriber Line (DSL) for your computer with your phone company? Do you have cable phone service with your cable company? How many phones do you have in your residence?</b>		
<input type="checkbox"/> DIRECT SUBSCRIBER LINE (DSL)	<input type="checkbox"/> CABLE PHONE SERVICE	<input type="checkbox"/> NEITHER
		NUMBER OF PHONES: _____