

**“Are You Okay?” Program**  
**Application Form Instructions**  
**Questions? Phone: (828) 464-4639 or 465-8336**

**(Please complete each section of the form attached, printing all information clearly.)**

**Instructions For Filling Out Form Attached:**

**General Information**

1. **Date:** Use the date you complete the form.
2. **Date of Birth:** Please enter the month and day of your birth. You do not have to give us the year, if you do not want to.
3. **Name:** First, Middle, Last Name and (Jr., Sr., etc.)
4. **Phone Number:** Fill in your telephone number. Including area code. **ONLY 828 or 704**
5. **Answering Machine:** Do you have an Answering Machine (Yes/No)
6. **Email Address:** Your Email if you have one.
7. **Subscriber Address:** Please use your complete street address, City, State and zip code.
8. **List Physical impairments:** This information may be used if an officer had to call an ambulance for you. In that case, the EMS personnel could start appropriate medical care as quickly as possible.
9. **Able to Walk:** Please tell us if you use a walker, cane, or a wheel chair.
10. **Live Alone:** Yes or No.
11. **Co Residents:** If (No) list the person(s) living with you.
12. **Key on Premises:** This section **must** be completed. Tell us where the key is kept at your home, or list the name, address, and telephone number of someone else that has a key (This information will be listed in NUMBER (19) below.) A deputy would need this information if we cannot learn if you are okay by calling those you have listed above. We do not want to break down your door to check on you if that can be avoided.
13. **Pets:** Tell us what kind of pet(s) you have, where they are kept, and if they might be dangerous. This is for the safety of the officer who might be sent to check on you.
14. **Comments:** (list preferred hospital, medical issues)
15. **Doctor Name & Phone Number:**
16. **Clergy Name & Phone Number:**

**Other Contacts: (Emergency, Key Holder, Next of Kin)**

**In case of Emergency Notify:** List two people we may call, as well as their street address, city, state, zip code, telephone and Email. Use neighbors if possible or people who live at an address other than your own, if possible. **If they work during the day list also their work number.**

**17. Emergency Contact:**

**18. Next of Kin Contact:**

**19. Key Holder Contact:**

**20. Other Contact:**

**Requested Call Times:** You may select more than one time per day (Example: Morning & Evening)

- 1. Day and Time to call:** You may choose which days you would like to be called by entering the time of the day to be called, next to each day. If you leave a day blank you will not be called on that day. It is your choice of time and day. (You will be called as close to the time as possible based on the number of individuals called at that time of day.)

The “Are You Okay?” program operates every day. (24 HOURS) If you won’t be at home when we call, **you must contact us at least one day in advance at 464-4639, 465-8336 or 465-8345, giving the date(s) you will not be at home.** You may leave a voicemail, but be sure to let us know who is calling and the dates you will be gone.

When your telephone rings at the designated time each day, please speak up when you say “Hello”. The computer will greet you and will ask you to press a number on your phone. At times, the computer may be slow in responding, and we ask that you repeat your greeting if that happens.

If you don’t answer when we first call, we will call you again in 5 minutes. If you do not answer at that time the computer will wait call you again. If these calls are unsuccessful, the computer will automatically issue an “Alert”, and print out a copy of the information in your file. We will first call the emergency contacts you have listed. If we cannot reach you or any of your contacts, an officer will be dispatched to your residence to check on you.

\*Please review, sign and have witnessed the “CATAWBA COUNTY SHERIFF’S OFFICE RELEASE FORM” and send in with the application.

The “Are You Okay?” Program services are offered at **no cost** to you.

If you need to change any information, discontinue this service, or if you have questions, call RUOK Program 828-464-4639, 828-465-8336, 828-465-8345, or email [ruok@catawbacountync.gov](mailto:ruok@catawbacountync.gov). You may want to keep this Information Form for further reference. Please return the completed form to:

*Catawba County Sheriff’s Office  
Attn: RUOK  
PO Box 385  
Newton, NC 28658*

**Disclaimer**

**(Note: In the event of a malfunction of the computerized automatic dialing system of the “Are You Okay?” Program, the Catawba County Sheriff’s Office will not be held liable for any emergency situations due to the failure of the computer.)**

# Are You O.K. Application

## General Information

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

First name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Phone # \_\_\_\_\_ Answering Machine Yes/No: \_\_\_\_\_

Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Bldg/Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Impairments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Able to Walk Yes/No: \_\_\_\_\_

Lives Alone Yes/No: \_\_\_\_\_ Co Residents: \_\_\_\_\_

Key on Premises Yes/No: \_\_\_\_\_ Location: \_\_\_\_\_

Has Pets Yes/No: \_\_\_\_\_ Location: \_\_\_\_\_

## **Comments: (list preferred hospital, Medical issues)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Doctor Name: \_\_\_\_\_ Doctor Phone Number: \_\_\_\_\_

Clergy Name: \_\_\_\_\_ Clergy Phone Number: \_\_\_\_\_

**Other Contacts: (Emergency, Keyholder, Next of Kin)**

**Emergency Contact**

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Next of Kin Contact**

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Key Holder Contact**

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Other Contact**

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Requested Call Times**

**Time to Call:** \_\_\_\_\_ AM/PM: \_\_\_\_\_

**Days to call**

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

**Time to Call:** \_\_\_\_\_ AM/PM: \_\_\_\_\_

**Days to call**

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

**CATAWBA COUNTY SHERIFF'S OFFICE  
RELEASE**

I, \_\_\_\_\_, understand that as a participant in the Catawba County Sheriff's Office, "Are You Okay" Program, **I am authorizing** any Law Enforcement Officer in my jurisdiction to enter my home to ensure that I am physically safe if they are unable to reach me by telephone. I do hereby release, absolve, indemnify and hold harmless Catawba County Sheriff's Office and any Law Enforcement Agency responding to assist me, from any property damage that may occur as a result of them entering my home by force.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Address  
\_\_\_\_\_

I, \_\_\_\_\_, understand that as a participant in the Catawba County Sheriff's Office, "Are You Okay" Program, **I am not authorizing** a Law Enforcement Officer to enter my home to ensure that I am physically safe if they are unable to reach me by telephone.

This the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Address  
\_\_\_\_\_

**Mail To:**  
RUOK Program  
Catawba County Sheriff's Office  
PO Box 385  
Newton, NC 28658