

“Are You Okay?” Program
Interview 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:

1. **Phone Number:** Fill in your telephone number. Including area code.
2. **Date:** Use the date you complete the form.
3. **Date Of Birth:** Please give use the month and day of your birth. You do not have to give us the year, if you do not want to.
4. **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.)
5. **Answering Machine:** Circle Yes or No if you have an answering machine or service.
6. **Subscriber Name & Address:** Please use your full name and complete street address, City, State and zip code.
7. **Doctor & Clergy:** Give your Doctor and Clergy's name and phone numbers.
8. **In case of Emergency Notify:** List two people we may call, as well as their street address, city, state, zip code and telephone. 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.**
9. **Next of Kin:** List name, street address, city, state, and zip code for two people who are related to you if different from your Emergency Contacts. Use people within our area at an address other than your own, if possible.
10. **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. A deputy would need this information if we cannot learn if you are okay by calling those you have listed above. We don't want to break down a door to check on you if that can be avoided.
11. **Pets:** Tell us about your pet(s), 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.
12. **Live Alone:** If we know that you don't live alone, we may not have to send an officer to check on you.

13. **Able to Walk:** Please tell us if that is a problem for you.
14. **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.
15. **List Hospital Preferred:** If we would need to dispatch an ambulance for you we would be able to tell them which hospital you would prefer to go to.
16. **Medical History and Medicines Taking:** If we would need to call an ambulance this information would help them and the hospital in caring for you.

The "Are You Okay?" program operates everyday 7:00 am till 11:00 am. We will try to inform you about these holidays. 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 465-8337, giving the date(s) you will not be at home.** You may leave a message on the answering machine, 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 one or three on your phone based on your need that day. 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 30-minutes. If you do not answer at that time the computer will wait 15 minutes and 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.

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, Kelly Eckard 828-465-8336 or Captain Alton Price at 828-465-8337. 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*

(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.? FIELD INTERVIEW FORM

(1) PHONE: () (2) DATE: (3) Date Of Birth: (4) Days and Time to Call: M T W Th F S S (5) Answering Machine: Yes or No

(5) Subscriber Name And Address (6) Doctor And Clergy:

Last Name First Name MI (6) Doctor's Name

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Street Address Doctor's phone

Apt. / Bldg. Name (6) Clergy's Name

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City State Zip Code Clergy's Phone

(7) In Case of Emergency, Notify: (1st) (2nd)

Last Name First Name MI Last Name First Name MI

Street Address Street Address

City State Zip Code City State Zip Code

()

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Phone Numbers Phone Numbers

(8) Next of Kin: (If different from Emergency Notification) (1st) (2nd)

Last Name First Name MI Last Name First Name MI

Street Address Street Address

City State Zip Code City State Zip Code

()

()

Phone Number Phone Number

(9) Key on Premises? Location: YES NO

Key Holder: (1st) (2nd)

Last Name First Name MI Last Name First Name MI

Street Address Street Address

City State Zip Code City State Zip Code

()

()

Phone Number Phone Number

(10) Pets? Type and Location: YES NO

(11) Live Alone? Co-Residents: YES NO

(12) Able to Walk? (13) List Physical Impairments: YES NO

(14) Preferred Hospital:

(15) Medical History and Medicines Taking:

**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

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