

JACKSONVILLE POLICE
DEPARTMENT



ARE YOU OK PROGRAM?
COMMUNITY SERVICES
UNIT

455-1472



CITY OF JACKSONVILLE

NORTH CAROLINA



Department of Police

Office of
Chief of Police

Are You O.K.? Telephone Calling System

The City of Jacksonville and Jacksonville Police Department are very excited about the new service ARE YOU O.K.?

The *Are You O.K.?* program is designed for older adults, disabled person, shut-ins who live alone, or anyone in our community who needs to be checked upon daily.

Are You O.K.? is a computerized telephone calling system which was purchased by the City of Jacksonville and operated free of charge by the Jacksonville Police Department. The system calls each enrolled subscriber every day of the year at the same time of day.

When the subscriber picks up the phone they will hear a recorded message. If the subscriber fails to answer the phone after several tries, or if there is a busy signal several times in a row, the computer immediately notifies the police dispatcher who will then send a patrol car to check on the person.

During the holidays, vacations, or any other time the subscriber plans to be away, a simple call to the Police Department will stop the calls for as long as needed.

The system is now in use on over 200 cities and towns throughout the United States and Canada; it has saved a number of lives and reduced worry and anguish for countless citizens and their family and friends. *Are You O.K.?* provides a daily checkup on the subscriber and alerts the police if they are unable to answer the phone. If the Subscriber fails to answer the phone *for any reason* police patrol car will be sent to investigate.

City of Jacksonville **Are You O.K.?*** Program

CONSENT FORM

I, _____, agree to participate in the City of Jacksonville's **Are You O.K.?** Program. I do hereby give my permission to Emergency and Law Enforcement representatives to respond appropriately to any perceived emergency situation involving my health and/or safety.

An alternative keyholder is identified on my interview form and I give my permission for them to release the key for emergency response.

It is my understanding that the information contained on the interview form will be released to Law Enforcement and Emergency Personnel as necessary for me to participate in the **Are You O.K.?** Program.

Participant's Signature

Date

Interviewer

Date

*Are You O.K.? is a registered trademark of:

Northland Innovation Corporation

Minneapolis, Minnesota

WAIVER

“WAIVER” - RELEASE AND HOLD HARMLESS THE CITY OF JACKSONVILLE AND THE JACKSONVILLE POLICE DEPARTMENT AGAINST ANY CLAIM IN RELATION TO SERVICE RECEIVED THROUGH THE **Are You O.K.?** Program.

Subscriber acknowledges that the City of Jacksonville and the Jacksonville Police Department are providing the service as *a public service and for no compensation*. Subscriber recognizes that the City of Jacksonville and the Jacksonville Police Department may, in their sole discretion, *terminate this service at any time*. *Subscriber also acknowledges that technical problems or human error may result in a failure of the service at any time*. In consideration of these factors, SUBSCRIBER HEREBY WAIVES, RELEASES, AND HOLDS HARMLESS THE CITY OF JACKSONVILLE AND THE JACKSONVILLE POLICE DEPARTMENT FROM ANY CLAIM ARISING FROM A FAILURE, FOR ANY REASON, TO PROVIDE THE SERVICES CONTEMPLATED BY THIS AGREEMENT, AND SUBSCRIBER FURTHER AGREES TO WAIVE, RELEASE, AND HOLD HARMLESS THE CITY OF JACKSONVILLE AND THE JACKSONVILLE POLICE DEPARTMENT AGAINST ANY CLAIM FOR DIRECT, INCIDENTAL, OR CONSEQUENTIAL DAMAGES ARISING FROM ANY ACT OR OMISSION OF THE CITY OF JACKSONVILLE AND THE JACKSONVILLE POLICE DEPARTMENT, THEIR VOLUNTEERS, AGENCIES, OR EMPLOYEES, IN CONNECTION WITH THE CITY OF JACKSONVILLE AND THE JACKSONVILLE POLICE DEPARTMENT’S PARTICIPATION IN THIS PROGRAM.

Date

Participate Signature

Date

Witness

Are You O.K.? Field Interview Form

Phone: () -	Date:	Time Call:	A.M.	Service Number:	DOB:
		P.M.			
Subscriber Name and Address			Doctor and Clergy:		
Last Name:		First Name:	MI	Doctor's Name	
Street Address:			Doctor's Phone		
Apt. Bldg Name		Apt #	Clergy's Name		
City		State	Zip Code	Clergy's Phone	
In Case of Emergency, Notify:					
Last Name:		First Name:	MI	Last Name: First Name: MI	
Street Address:			Street Address:		
Apt. Bldg Name		Apt #	Apt. Bldg Name		Apt #
City		State	Zip Code	City State Zip Code	
Phone Number			Phone Number		
Next of Kin:					
Last Name:		First Name:	MI	Last Name: First Name: MI	
Street Address:			Street Address:		
Apt. Bldg Name		Apt #	Apt. Bldg Name		Apt #
City		State	Zip Code	City State Zip Code	
Phone Number			Phone Number		
Key on Premises? Yes No		Location:			
Keyholder?					
Last Name:		First Name:	MI	Last Name: First Name: MI	
Street Address:			Street Address:		
Apt. Bldg Name		Apt #	Apt. Bldg Name		Apt #
City		State	Zip Code	City State Zip Code	
Phone Number			Phone Number		
Pets: Yes No		Type and Location:			
Live Alone? Yes No		Co-Residents::			
Medical History					
Able to Walk? Yes No		List Physical Impairments:			
Location of Medical History:					
Remarks					