



Rutland Regional  
 Medical Center  
 160 Allen Street  
 Rutland, VT 05701-4595  
 (802) 775-7111

**FOR REGISTRATION:**

\_\_\_ Self Pay \_\_\_ Mcd. Wvr.

**LIFELINE APPLICATION**

**Lifeline Program Office**  
**Telephone: (802) 747-1816**  
**Fax Line: (802) 772-7534**

**Please send application to:**

Lifeline Program Manager  
 160 Allen Street  
 Rutland, VT 05701

Today's Date: \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
 Applicant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ Apt No: \_\_\_\_\_  
 Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Is this a landline phone? \_\_\_\_\_

Please list at least **1 Responder** (below right). These should be relatives or neighbors who live **nearby** whom the Lifeline Emergency Department would call to go to your house to check should you press your button for help. **KEYS MUST BE GIVEN TO RESPONDERS BEFORE THE DAY OF INSTALLATION OF THE UNIT.**

Medical Notes

Drug Allergies:

Medical Conditions:

Remarks:

Physician: \_\_\_\_\_  
 (First and Last Name)  
 Physician Telephone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ RRMC

<b>RESPONDERS (at least 1)</b>	
1.	Name: _____ Home# _____ Relationship: _____ Work# _____ Key to Applicant's Home? ___ yes Cell# _____
2.	Name: _____ Home# _____ Relationship: _____ Work# _____ Key to Applicant's Home? ___ yes Cell# _____
3.	Name: _____ Home# _____ Relationship: _____ Work# _____ Key to Applicant's Home? ___ yes Cell# _____

Describe any difficulties applicant has with vision, hearing, or ability to understand: \_\_\_\_\_

Applicant's primary language:  English  Other: \_\_\_\_\_

Does applicant live alone?  Yes  No If no, name/relationship of other at home \_\_\_\_\_

Applicant's Social Security #: \_\_\_\_\_

Phone Carrier

For Landline Phone:  Consolidated  Comcast  other : \_\_\_\_\_ ( Please Specify)

Does applicant have Medicare?  Yes  No Does applicant have Medicaid?  Yes  No

Name and telephone number of person filling out this application, if other than applicant: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

➡ **SEND BILL TO:** (if other than applicant)

**Service Type Pick One:**

**Basic Unit (\$38.00/Month)**  **Auto Alert (\$51.00/Month)**  **Wireless (\$55.00/Month)**  
 **Wireless Auto Alert (\$63.00/Month)**  **GoSafe2 Mobile, \$99.95 purchase (\$49.95/Month)**

Directions to applicant's home, please print clearly:

**Hidden Key Location (to prevent unnecessary forced entry into home by Emergency Personnel):**

**Does applicant have an Advance Directive?**

**Name of Agent:** \_\_\_\_\_ **Telephone #:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Installer:** \_\_\_\_\_