

# F.C.S.O.: Are You OK Program

Our mission: To take the fear out of being alone by contacting elderly, medically disabled, or homebound individuals, on a daily basis, to help reassure their well being and give them a feeling of security.

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

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Best time to call: \_\_\_\_\_ AM PM

Date of Birth: \_\_\_\_\_ Optional: Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Age: \_\_\_\_\_

Do you have an answering machine or voice mail system? Yes No

**If "yes," when the "Are you OK system" calls your house, you will be asked to press a random number on the key pad of your touch tone phone.**

Address: \_\_\_\_\_, Bldg/Apt# \_\_\_\_\_

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

Are you able to walk? Yes No \*\*If No do you use a wheel chair, walker, etc.?

Do you live alone? Yes No If no co-residents name: \_\_\_\_\_

Is there a key on premises? Yes No If yes give location: \_\_\_\_\_

Do you have pets? Yes No If yes where the located, what type, and names:

Medical History: Please list medical history such as Diabetic, Heart Condition, Alzheimer's, Oxygen,

etc.: \_\_\_\_\_

Doctors Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Location of Medical Records: \_\_\_\_\_

Hospital of choice: Floyd Medical Center Redmond Regional Medical Center

Clergy (Pastor): \_\_\_\_\_ Phone: \_\_\_\_\_

*I agree to hold Floyd County, Floyd County Sheriff, individual Officers/Deputies, and/or designated volunteers harmless should any personal/physical damage occur while acting upon a distress/emergency call.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency contacts on reverse side of form.  
Please turn over.**

**Contacts: 1: Emergency contact, 2: Key Holder, 3: Next of Kin, 4: Other**

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

Address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Type of contact: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Type of contact: \_\_\_\_\_

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

Address: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Type of contact: \_\_\_\_\_

Direction to your house:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Thank you for signing up for the “Are You OK?® program”.  
Tim Burkhalter, Sheriff of Floyd County**

