LINCOLN COUNTY SHERIFF'S OFFICE
LINCOLN COUNTY COMMUNICATIONS CENTER

RUOK® Program Enrollment Form

Section I- Client Information:

LAST Name	FIRST Name	MIDDLE Name or Initial

Physical Street Address (Do NOT give Post Office Box)	Apt. No.

Town	Notification Telephone Number	Other Telephone Number
	( )	( )

Is there a house key on premises? Yes ☐ No ☐	Location of Key:	
Do you have pets? Yes ☐ No ☐	Type of Pet and Location:	Pet's Name:
Do you live alone? Yes ☐ No ☐	Co-Residents:	
Are you able to walk unaided? Yes ☐ No ☐	Preferred Time for Calls (Every effort will be made to honor this request, but the time you actually receive calls may be changed due to the number of Program participants):	

Section II – Person(s) to be notified if I fail to answer repeated calls from the RUOK® Program:

1. FIRST Name	MIDDLE Initial	LAST Name	2. First Name	MIDDLE Initial	LAST Name

Physical Street Address (Do NOT give Post Office Box)	Apt. No.	Physical Street Address (Do NOT give Post Office Box)	Apt. No.

Town	Town

Telephone - Landline	Telephone - Work	Telephone – Cell	Telephone - Landline	Telephone - Work	Telephone – Cell

Section III – I have given a key to the following person(s) and authorize them to enter my home to check on my welfare:

1. First Name	2. First Name

Street Address (Do NOT give Post Office Box)	Apt. No.	Street Address (Do NOT give Post Office Box)	Apt. No.

Town	Town

Telephone - Landline	Telephone - Work	Telephone – Cell	Telephone - Landline	Telephone - Work	Telephone – Cell

Section IV- Actions to take if I do not answer a scheduled call from the RUOK® Program:

In the event I fail to answer a scheduled call and all follow-up calls, I agree that the Lincoln County Sheriff's Office and/or Lincoln County Emergency Communications Center can take the following actions:

1. Notify the first and/or second person I have named in Section II above, and/or

2. Dispatch a first responder to my home to check on my well-being (Note: A first reponder from the Lincoln County Sheriff's Office (LCSO) or other law enforcement agency will be dispatched in the event the person(s) named in Section II above cannot be reached or the LCSO has reason to believe that I may be in need of assistance).

I acknowledge and understand that if I fail to answer a call, a response may not be immediate. I agree that in the event I fail to answer the door when a first responder comes to my home to check on my welfare, any reasonable means may be employed to enter my home to verify my status.

_____ _____

Client's Signature Date