



City of Jacksonville, NC
Public Safety

PO Drawer 436 • Jacksonville, NC • 28541-0128 • 910 455-1472 • fx 910 455-9987
An internationally accredited Fire Service and Law Enforcement Agency



Public Safety Director, Michael G. Yaniero

The City of Jacksonville and Jacksonville Public Safety are excited about the CARE Program. The program is designed for elderly, disabled persons, shut-ins who live alone, or anyone in the community who needs to be checked upon daily.

CARE is a computerized telephone calling system, which was purchased by the City of Jacksonville and operated, free of charge by the Jacksonville Public Safety 911 Center. CARE provides a daily checkup on the subscriber. The subscriber will choose a time the system will call for their daily reassurance check. The calls will always be made in the same order, so the subscriber will quickly learn exactly when to expect their call. When the subscriber picks up the telephone, a recorded message will play. If the subscriber fails to answer the phone after several attempts, or if there is a busy signal several times in a row, the computer will immediately notify the 911 Center. The 911 Center will then input a call for service and have a patrol unit check on the subscriber.

During holidays, vacations, or any other times the subscriber plans to not receive the daily call, a simple call to the 911 Center, 910-455-4000 or 910-455-1472, will stop the daily call for the requested length of time.

The CARE Program reassurance phone service is currently in 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.

There is absolutely **NO CHARGE** of any kind for this service.

It is important to understand the CARE program is not intended to take the place of Lifeline, Lifephone, or any other service which a person is now using. In fact, we urge people to continue to use those services in addition to the CARE program.

Everyone who signs up for this service will be asked to fill out a short form with medical and other critical information which the Jacksonville Public Safety Police and Fire may need in an emergency. This information will be totally confidential, and only used by the First Responders as needed.

If you wish to sign up, or if you think you might be interested and would like to talk about it with someone, please call the Community Service Division at Jacksonville Public Safety, 910-455-1472, any time Monday through Friday between 8:00am and 3:00pm. You can leave your name and number and someone in the Community Service Division will be in touch with you.



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Consent Form

I, _____, agree to PARTICIPATE IN THE City of Jacksonville’s **CARE** 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 key holder is identified on my interview form and I give my permission for them to release the key for emergency First Responders.

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

 Subscriber’s Signature

 Date

 Interviewer’s Signature

 Date



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WAIVER

"WAIVER" release and hold harmless the City of Jacksonville and the Jacksonville Public Safety against any claim in relations to service(s) received through the CARE Program.

Subscriber(s) acknowledge the City of Jacksonville and Jacksonville Public Safety Services (Police and Fire) are providing the service as a public service and for no compensation. Subscriber(s) recognizes the City of Jacksonville and Jacksonville Public Safety Services may, in their sole discretion, terminate this service at any time. Subscriber(s) also acknowledge technical problems or human error may result in a failure of the service at any time.

In consideration of these factors, the Subscriber(s) hereby waives, releases, and holds harmless the City of Jacksonville and Jacksonville Public Safety Services (Police and Fire) from any claim(s) arising from a failure, for any reason, to provide the services contemplated by this agreement, and subscriber(s) further agrees to waive, release, and hold harmless the City of Jacksonville and Jacksonville Public Safety Services (Police and Fire) any claim for direct, incidental, or consequential damages arising from any act or omission of the City of Jacksonville and Jacksonville Public Safety Services (Police and Fire), their Volunteers, Agencies, or Employees, in connection with the City of Jacksonville and Jacksonville Public Safety Services (Police and Fire) participation in this program.

Date

Participant (Subscriber) Signature

Date

Jacksonville Public Safety Witness

CARE Program FIELD INTERVIEW FORM

TODAY'S DATE / / DESIRED CALL TIME: AM/PM

<u>SUBSCRIBER NAME AND ADDRESS</u>			DATE OF BIRTH
LAST	FIRST	M.I.	DOES SUBSCRIBER HAVE AN ANSWERING MACHINE YES NO
STREET ADDRESS			PETS? YES NO
APT. BLDG NAME		APT.#	CLERGY'S NAME PHONE NUMBER
CITY	STATE	ZIP CODE	VEHICLE INFORMATION
HOME NUMBER		CELL NUMBER	LIVE ALONE? YES NO
DOCTOR'S NAME		PHONE NUMBER	ANY PHYSICAL IMPAIRMENTS? DESCRIPTION : YES NO
LOCATION OF MEDICATION IN THE HOME			NEED ASSISTANCE WALKING OR ? YES NO

IN CASE OF EMERGENCY, NOTIFY:

1. RELATIONSHIP TO CARE SUBSCRIBER	2. RELATIONSHIP TO CARE SUBSCRIBER
LAST NAME FIRST NAME M.I.	LAST NAME FIRST NAME M.I.
STREET ADDRESS	STREET ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE
HOME PHONE CELL PHONE	HOME PHONE CELL PHONE
KEY TO THE SUBSCRIBER'S HOME? YES NO	KEY TO THE SUBSCRIBER'S HOME? YES NO

3. RELATIONSHIP TO CARE SUBSCRIBER	4. RELATIONSHIP TO CARE SUBSCRIBER
LAST NAME FISRT NAME M.I.	LAST NAME FISRT NAME M.I.
STREET ADDRESS	STREET ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE
HOME PHONE CELL PHONE	HOME PHONE CELL PHONE
KEY TO THE SUBSCRIBER'S HOME? YES NO	KEY TO THE SUBSCRIBER'S HOME? YES NO

