

## PERSONAL INFORMATION

Please check all that apply.

Legal Name:

First

Middle Initial

Last

Last name sounds like:

Preferred Name:

Contact #:

Landline?  Y  N    Mobile?  Y  N

Contact #:

Landline?  Y  N    Mobile?  Y  N

Birth Date:

Month

/

Day

/

Year XXXX

Gender?  Male  Female

Street Address:

Apt. #:

City:

State:

Zip:

County:

Spoken Language:

## MEDICAL HISTORY

Please check all that apply.

Do you have problems with any of the following?

Hearing    Heart    Diabetes    Vision    Mobility

Do you have OR require any of the following?

Pacemaker    Other heart implant device

Cane    Walker    Wheelchair

Oxygen    TTY/TDD

Allergies:

Other physical limitations/diagnosis:

Preferred Hospital:

Contact #:

## BILLING INFORMATION

Please check all that apply.

Legal Name:

First

Middle Initial

Last

Street Address:

Apt. #:

City:

State:

Zip:

Would you like your monthly payments deducted from your card or banking account?

No. Please note, AccentCare Fairview Health Alert Systems will send you a monthly bill to the address listed above.

Yes. Please fill out the appropriate form.  Credit Card  Banking Account

Are you receiving financial assistance from the State or County?

No  Yes MEMBER #:

Please check all that apply.

Alternative Care Grant (ACG)  Elderly Waiver  CADI

Other:

Case Manager Name :

First

Last

Contact #:

Are you on a Hospice Program?

No  Yes

Hospice Program Name :

Contact #:

## INSTALLATION APPOINTMENT SCHEDULING CONTACT

Name :

First

Last

Relationship:

Contact # 1:

Home  Work  Cell

Contact # 2:

Home  Work  Cell

Spoken Language:

## RESPONDERS INFORMATION

Please list up to three Responders, in the order you would like them called. Please make sure they have agreed to serve as your responder, and that they have an access key to your home. We recommend that Responders be able to respond within 15 minutes.  
(We recommend three Responders, but this is not required for service.)

### RESPONDER 1

Name :

First

Last

Relationship:

Contact # 1:

Home  Work  Cell

Contact # 2:

Home  Work  Cell

Spoken Language:

Has key to your home?  Yes  No

### RESPONDER 2

Name :

First

Last

Relationship:

Contact # 1:

Home  Work  Cell

Contact # 2:

Home  Work  Cell

Spoken Language:

Has key to your home?  Yes  No

### RESPONDER 3

Name :

First

Last

Relationship:

Contact # 1:

Home  Work  Cell

Contact # 2:

Home  Work  Cell

Spoken Language:

Has key to your home?  Yes  No

### NOTIFY

When a person is not needed to respond, but must be notified of an incident or hospitalization.

Name :

First

Last

Relationship:

Contact # 1:

Home  Work  Cell

Contact # 2:

Home  Work  Cell

Spoken Language:

Has key to your home?  Yes  No

## EQUIPMENT & SERVICE OPTIONS

Please check all that apply.

### **Basic Home Unit**

\$39/month rental + \$65 one-time activation fee

- For at-home use ONLY
- Landline phone required
- Help button with wristband and neck cord options

### **Add AutoAlert | Fall Detection**

Additional \$10/month | Neck cord option ONLY

### **Cellular Home Unit**

\$47/month rental + \$65 one-time activation fee

- For at-home use ONLY
- No landline phone needed
- Uses area's AT&T cellular signal to send and receive signals
- Help button with wristband and neck cord options

### **Add AutoAlert | Fall Detection**

Additional \$10/month | Neck cord option ONLY

### **GoSafe2**

\$45/month rental + \$99 mobile button purchase price + \$65 one-time activation fee

- THIS PRODUCT IS NOT RECOMMENDED FOR INDIVIDUALS WITH IMPLANTABLE CARDIAC DEVICES (I.E. PACE MAKER, DEFIBRILLATOR)
- For at-home and on-the-go use
- No phone landline, cell phone, or Wi-Fi required
- AutoAlert | Fall Detection included in mobile button
- ONLY mobile button charger needed | Charge every 1-2 days | No base unit included
- Neck cord option ONLY

### **Personal Medication Dispenser**

\$75/month rental + \$85 one-time installation & activation fee

- Capacity for up to 60 doses of medication
- Uses verbal prompts to communicate when to take medication (with or without food), check blood sugar, put in eye drops, and more
- Can alert caregivers when medication is missed when connected to phone landline

### **Dose Flip Medication Dispenser**

\$60/month rental (includes up to 2 dispensers) + \$65 one-time installation & activation fee

- Capacity for 14 doses of medication | Extra tray for easy re-loading included, if needed
- Uses a clear, friendly alarm notification to communicate when to take medication
- Can alert caregivers when medication is missed

accentCare.

affiliated & preferred  
home care provider **Fairview**  
HEALTH SERVICES