



REGISTRATION FORM

DATE: _____

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

APT / UNIT #: _____

PHONE: _____

BEST WAY TO COMMUNICATE WITH ME BY PHONE:

- ☐ STANDARD TELEPHONE CONVERSATION
- ☐ TEXT IS PREFERRED
- ☐ I MIGHT NEED EXTRA TIME TO ANSWER
- ☐ I HAVE DIFFICULTY HEARING BY PHONE SO PLEASE SPEAK UP
- ☐ I USE A RELAY / ACCESSIBILITY SERVICE

☐ OTHER: _____

CHECK-IN SCHEDULE:

HOW OFTEN WOULD YOU LIKE A CHECK-IN CALL?

- ☐ EVERY DAY
- ☐ CERTAIN DAYS OF THE WEEK:
- ☐ MON ☐ TUES ☐ WED ☐ THU ☐ FRI ☐ SAT ☐ SUN
- ☐ WEEKLY (CHOOSE DAY ABOVE)
- ☐ OTHER: _____

APPROXIMATE PREFERRED CALL TIME: _____ ☐ AM ☐ PM

PLEASE NOTE: Requested call times are approximate. Emergency communications and public safety operations take priority. Scheduled check-ins may be delayed, or depending on circumstances, may not be completed on a particular day. RUOK? Is a check-in service and should never be relied upon to obtain emergency assistance.

For an emergency, call 911.

WHAT COUNTS AS A SUCCESSFUL CHECK-IN?

A CHECK-IN IS COMPLETE WHEN:

- ☐ I PERSONALLY ANSWER AND CONFIRM THAT I AM OK
- ☐ I RESPOND VIA TEXT THAT I AM OK
- ☐ ANOTHER HOUSEHOLD MEMBER MAY CONFIRM THAT I AM OK

AUTHORIZED HOUSEHOLD MEMBER (S): _____

IF I DON'T ANSWER...

IF I DON'T ANSWER MY SCHEDULED CALL, I'D LIKE THE DISPATCHER TO *(SELECT ALL THAT APPLY)*:

STEP 1: TRY ME AGAIN

- ☐ YES, PLEASE CALL ME AGAIN AFTER APPROX. _____ MINUTES
- ☐ NO, PROCEED TO THE NEXT STEP

STEP 2: CONTACT SOMEONE I TRUST

- ☐ PLEASE CALL MY CONTACT(S) LISTED BELOW
- ☐ SKIP THIS STEP

STEP 3: WELLBEING CHECK

- ☐ IF I STILL CANNOT BE REACHED, PLEASE SEND AN OFFICER TO MY RESIDENCE TO CHECK ON ME
- ☐ IF I DON'T ANSWER THE DOOR, I GIVE PERMISSION TO FIRST RESPONDERS TO ACCESS / ENTER MY HOME

DIFFERENT INSTRUCTIONS / ANYTHING ELSE WE SHOULD KNOW?

EMERGENCY / TRUSTED CONTACTS

PLEASE LIST IN THE ORDER YOU'D LIKE THEM CONTACTED

NAME: _____ RELATIONSHIP TO YOU: _____

PHONE: _____ ALTERNATE PHONE: _____

- ☐ THIS PERSON HAS A KEY/ACCESS TO MY HOME
- ☐ I HAVE INFORMED THIS PERSON THAT I HAVE LISTED THEM AS AN RUOK? CONTACT

NAME: _____ RELATIONSHIP TO YOU: _____

PHONE: _____ ALTERNATE PHONE: _____

- ☐ THIS PERSON HAS A KEY/ACCESS TO MY HOME
- ☐ I HAVE INFORMED THIS PERSON THAT I HAVE LISTED THEM AS AN RUOK? CONTACT

ADDITIONAL INFORMATION (OPTIONAL)

IF YOU'D LIKE FIRST RESPONDERS TO GAIN ENTRY TO YOUR HOME IF WE CAN'T REACH YOU, ARE THERE ANY ACCESS INSTRUCTIONS YOU'D LIKE TO PROVIDE?

- ☐ NO ACCESS INFORMATION
- ☐ TRUSTED PERSON HAS KEY **WHO / PHONE #:** _____
- ☐ HIDDEN / SPARE KEY **LOCATION:** _____
- ☐ BUILDING/APT ENTRY CODE **CODE:** _____
- ☐ LOCKBOX **LOCATION / CODE:** _____

DO YOU LIVE ALONE? ☐ YES ☐ NO

IF NO, OTHER PERSON(S) LIVING IN THE HOME: _____

ARE THERE PETS IN THE HOME? ☐ YES ☐ NO TYPE / NUMBER OF PETS: _____

ANYTHING RESPONDERS SHOULD KNOW ABOUT THE ANIMALS? _____

INFORMATION YOU'D LIKE FIRST RESPONDERS TO KNOW

- ☐ **MOBILITY / ACCESSIBILITY CONSIDERATIONS:**
- _____
- ☐ **HEARING / VISION / SPEECH / COMMUNICATION /COGNITIVE CONSIDERATIONS:**
- _____
- ☐ **IMPORTANT MEDICAL OR SAFETY INFORMATION YOU WANT RESPONDERS TO KNOW:**
- _____
- ☐ **DO YOU HAVE A MOLST, ADVANCE DIRECTIVE, OR OTHER ARE PLANNING DOCUMENT:** ☒ YES ☐ NO
- IF YES, WHERE IS IT LOCATED IN THE HOME? _____
- ☐ **OTHER HELPFUL INFORMATION:**
- _____

PARTICIPANT ACKNOWLEDGEMENT

Please initial each statement:

_____ I understand that RUOK? is a **scheduled community check-in service**, not an emergency response or monitoring service.

_____ I understand that scheduled **call times are approximate**. Because Communications personnel must prioritize emergency and public safety activity, my call may be delayed, or, depending on circumstances, may not be completed on any given day.

_____ I understand that I should **never wait for an RUOK? call if I need help**. If I am experiencing an emergency, I should **call 911 immediately** to request emergency services.

_____ I authorize Northborough Public Safety Dispatchers to follow the no-answer instructions established for my participation in the program.

_____ I authorize relevant information I have provided to be shared with first responders when reasonably necessary to assist me.

_____ I will notify Northborough Public Safety Dispatch when I will be away, hospitalized, staying with family, or otherwise unavailable for my scheduled calls. My RUOK? calls will temporarily be suspended, and I understand that my services will not be resumed until I notify them of my return.

_____ I understand that I am responsible for notifying Northborough Public Safety Dispatch when my phone number, address, contacts, access information, schedule, or other relevant information changes.

PARTICIPANT NAME: _____

PARTICIPANT SIGNATURE: _____ **DATE:** _____

IF FORM HAS BEEN COMPLETED BY SOMEONE OTHER THAN THE PARTICIPANT, PLEASE COMPLETE THE FOLLOWING:

NAME: _____ **PHONE:** _____

RELATIONSHIP TO PARTICIPANT: _____

☐ The participant named on this form is aware that I have registered them in the RUOK? program, and I did so with their knowledge and consent.

SIGNATURE: _____ **DATE:** _____