

The Friends Foundation ♥ Information for Lifeline ♥

The Friends Foundation provides support to the elderly in the greater Drippings Springs area. If you are interested in requesting assistance from The Friends Foundation please submit your request to the listed address. All requests for assistance will be confidential.

Upon approval from The Friends Foundation, The Friends agrees to pay the monthly monitoring charge for the lifeline. It will begin the date the system is received by the applicant. This will automatically renew itself unless either party gives written notice of its intent to cancel. I understand I must return the equipment if unused within 1 month of nonuse. Failure to return all equipment will result in a charge of \$400.00. The Friends Foundation will only agree to pay for the monthly monitoring fee.

The applicant understands that the System is used to help the applicant protect his or her person. It does not assure such protection. The applicant is encouraged to and agrees whenever practical to use all other safety and medical devices and techniques available to the Subscriber for such protection. Available devices and techniques are too numerous to list, but include (a) basic health precautions; and (b) adherence to physicians' directions and recommendations.

Contributions to The Friends Foundation are greatly appreciated. Your donation is tax deductible. The officers and members of the Foundation are all volunteers which results in 100% of the donations going to help the elderly in the community.

The Friends Foundation
♥ Application for Lifeline ♥

NAME _____

ADDRESS _____

CITY _____ ZIP _____

PHONE NUMBER _____ DOB ____ / ____ / ____

DATE OF APPLICATION _____

EMERGENCY CONTACT INFORMATION

CONTACT NAME _____

RELATIONSHIP _____

ADDRESS _____

CITY _____ ZIP _____

PHONE 1: _____ PHONE 2: _____

PHYSICIAN _____ PHONE NUMBER _____

Social Security No. _____ Medicare No. _____ Medicaid No. _____

Do you receive financial assistance from anyone? _____

Other agency benefits now receiving _____

I hereby certify that the information above is true to the best of my knowledge. I will cooperate fully with verification of my application. I will not sell any of the supplies that I may receive.

Applicant Signature _____ Date _____

Witness Signature _____ Date _____