



Stanford Lifeline Application

Send completed application to: Stanford Lifeline, P.O. Box 20523,
Palo Alto, CA. 94309 or fax to 650-736-4186
Call us with questions: 650-723-6906

Name (Mr., Mrs., Ms., Dr.): _____

Lifeline Application Date: _____ Birth Date: _____

Address: _____ City: _____

Home Phone: _____ Zip Code: _____

Nearest Cross Street: _____ Cell Phone: _____

Hidden Key Location: _____

Please check all that apply:

Type of home setting:
 Apt/Condo ___ Single level home ___ Multi level home ___ Large property ___

Type of home telephone service:
 Traditional (analog) ___ Cable (digital) ___ Internet (VoIP) ___

Primary Physician: _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

Hospital Preference: _____

Health conditions and medical concerns:

Any drug allergies: _____

Referred by: _____

EMERGENCY RESPONDERS

A *Responder* is someone who lives 10 min away and will come to your home when called by the Lifeline Response Center to assist you in an emergency (optional). Your local emergency services will be dispatched if no responders are available or if you have no responders listed below.

1) Name:	_____	Relationship:	_____
Address:	_____	City	_____ Zip _____
Phone: Home	_____	Cell	_____ Alternate _____
Has a key to your home?	Yes ___ No ___	Also Notify?	Yes ___ No ___

2) Name:	_____	Relationship:	_____
Address:	_____	City	_____ Zip _____
Phone: Home	_____	Cell	_____ Alternate _____
Has a key to your home?	Yes ___ No ___	Also Notify?	Yes ___ No ___

3) Name:	_____	Relationship:	_____
Address:	_____	City	_____ Zip _____
Phone: Home	_____	Cell	_____ Alternate _____
Has a key to your home?	Yes ___ No ___	Also Notify?	Yes ___ No ___

NOTIFIES

A *Notify* is someone Lifeline will call immediately after you have been assisted to inform them of the emergency. A Responder may also be a Notify.

1) Name:	_____	Relationship:	_____
Phone: Home	_____	Cell	_____ Alternate _____
2) Name:	_____	Relationship:	_____
Phone: Home	_____	Cell	_____ Alternate _____

Who will be responsible for the charges if not the subscriber?

Name:	_____	Relationship:	_____
Address:	_____	City:	_____ State: _____ Zip: _____