



This form can be completed using Adobe Reader or you can print this form and complete it by hand. Once complete, save the file and send it by email to marysue.senner@aurora.org or print the form and fax it to the nearest location listed on page 4.

Lifeline Subscriber Information

If two subscribers please complete two forms.

Name: _____ M F
First Middle Initial Last

Address: _____ Apt. #
Number & Street Name of Complex

City State Zip Code County / Village / Township

Telephone #: (____) _____ Date of Birth: ____/____/____

Name of your telephone company: _____

Primary language spoken: _____

Medical Information

Medical Conditions: _____

Medical Allergies: _____

Check any that apply:

Vision Loss Hearing Loss Wheel Chair Walker or Cane Oxygen

Primary Care Physician: _____ Telephone: _____

Did your physician refer you? Y N If other referral source, how did you hear of our Program:

Preferred Hospital*: _____ Phone: (____) _____

*Please note, your preference is made available to emergency response personnel, however, location transported is made at their discretion.

Do you live alone? Y N If no, name of person(s) living with you: _____

Responder Information

Responder: A person that the Call Center will contact first to respond to your residence in the event you push your personal help button, unless you request that we dispatch emergency response personnel immediately. **Responders must be within 15 to 20 minutes of your residence, as their feedback is vital to providing quick and immediate response.** Consider family members, friends or neighbors you would feel comfortable leaving a key with or knowing a hidden key location or lock box code.

***Notify:** An individual that the subscriber wants notified by Lifeline when assistance has been given to the subscriber.

Responder #1:

Name _____

Relationship to you (neighbor, son/daughter): _____

Home (___) _____ Work (___) _____ Cell (___) _____

Has, or will have, key? Yes No *Notify? Yes No

Responder #2:

Name _____

Relationship to you (neighbor, son/daughter): _____

Home (___) _____ Work (___) _____ Cell (___) _____

Has, or will have, key? Yes No *Notify? Yes No

Responder #3:

Name _____

Relationship to you (neighbor, son/daughter): _____

Home (___) _____ Work (___) _____ Cell (___) _____

Has, or will have, key? Yes No *Notify? Yes No

Other Person to Notify*:

In the event of an emergency, is there anyone you would like us to notify, *other* than those listed in the Responder boxes on page 3? You may include people who live out of state.

Name: _____ Relationship: _____

Phone 1: (____) _____ Phone 2: (____) _____
Home Work Cell Home Work Cell

Helpful directions to your home (cross streets, etc):

Hidden Key Location: _____

Lockbox or keypad combination**: _____

(Lock boxes can be purchased at hardware stores, home supply stores)

*(**All information obtained is released only if, and when, emergency personnel is dispatched)*

Do you have an alarm system? Yes No

Any Pets? Yes No If yes, what type: _____

Milwaukee Metro Area

Milwaukee and Waukesha counties
(800) 475-2413
Fax (414) 374-8566

Northeastern Wisconsin

Brown, Door, Kewaunee, Manitowoc,
Marinette, Oconto, Outagamie
and Shawano counties
(800) 508-5527
Fax (920) 388-0641

Central Wisconsin

Calumet, Fond du Lac, Green Lake, Ozaukee,
Sheboygan, Waushara and Winnebago counties
(800) 686-4314
Fax (920) 459-2632

Southeastern Wisconsin

Kenosha, Racine and Walworth counties
(877) 608-4343
Fax (414) 374-8566

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