

Freedom Alert Device Application

Date of application: _____

Applicant Name: _____

Applicant Address: _____ Apt.#/Lot# _____

Phone #: _____

Please check which applies to you.

- I am 65 years of age or older **AND** live alone.
- I am 60 years of age or older and I am the primary care giver for a household member who is incapacitated and is unable to take care of his/her self.
- I do not meet the above criteria, but I wish to be considered for this pilot program due to the following conditions:

- I do not meet the above criteria, but I wish to be considered in the future if the above criteria should be expanded.

I certify that the above information is true and accurate to the best of my knowledge.

Signature

Date