

Instructions for Completing Attached Forms

Thank you for asking about our Lifeline program. Enclosed is a packet of information I need you to complete so that we can consider your Lifeline application.

Attachment 1 – Information Forms

On the first sheet of Attachment 1, please fill in every blank and list responders, people who could check on you in case of emergency. These should be people you know well and who live close by.

It is your responsibility to ask the people you write down if they are willing to serve as “responders” for you. You should give each of them a copy of the white brochure that is attached to this application and then invite them over to show them how the Lifeline works once we install the equipment for you. It is helpful if you give all responders a key to your home so they can help you in an emergency.

Attachment 2 – Lifeline Lease Agreement

Attachment 2 is a copy of the Lifeline Lease Agreement. Please read this lease very carefully and possibly share it with a close friend or family member and discuss it so that you understand it well. Please fill in the blanks and sign.

Attachment 3 – Payment for Lifeline Services

Attachment 3 outlines the cost of Lifeline service. You will need to decide how you want to pay for the Lifeline service. Notice that if you pay by the quarter or on a semi-annual basis, a discount is available. Please check your method of payment.

Complete and mail Attachments

Please complete Attachments 1-3 and return to me in the enclosed self-addressed envelope as soon as possible.

If you have any questions or concerns, please call:

**Langlade Hospital
Lifeline Program
715-623-9422**



Volunteers primarily run our Lifeline program. You will be notified just as soon as a volunteer is free to install a Lifeline unit for you. You can expect approximately a 5 day turn around time after all paperwork is completed, returned and processed by the Lifeline office.



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Attachment 1 – Information Forms

1. Name _____
2. Address _____ City _____ Zip Code _____
3. County _____ 4. Birthdate _____
5. Home Phone _____ 6. Alternate Phone _____
7. Cell Phone _____

Responders (list at least three responders):

1. Name _____ Home Phone: _____
Address _____ Work Phone: _____
City _____ Zip Code _____ Cell Phone: _____
Key to your home? ☐ Yes ☐ No Relationship to subscriber _____
2. Name _____ Home Phone: _____
Address _____ Work Phone: _____
City _____ Zip Code _____ Cell Phone: _____
Key to your home? ☐ Yes ☐ No Relationship to subscriber _____
3. Name _____ Home Phone: _____
Address _____ Work Phone: _____
City _____ Zip Code _____ Cell Phone: _____
Key to your home? ☐ Yes ☐ No Relationship to subscriber _____

****Please continue to page 3****



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Local Fire Department Name and Phone _____

Police/Sheriff Department Name and Phone _____

Ambulance Name and Phone _____

County Nurse _____

Physician's Name: _____ Clinic: _____

Clinic Phone: _____

Allergies to Medications: _____

Medical Conditions: _____

Medications: _____

How did you hear about Lifeline? _____

If you live in the Antigo City Limits, will you have a key made for the Antigo Fire Department, so they can get in to help you in an emergency? ☐ Yes ☐ No

If you live outside Antigo, please give clear directions to your home: _____



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Attachment 2 – Lifeline Lease Agreement

The undersigned subscriber hereby requests that Langlade Hospital (LH) lease; install at the address listed above, and service equipment for a lifeline Monitoring System (equipment), subject to the terms and conditions contained herein.

1. This Agreement constitutes the total agreement between the Subscriber and LH and no person is authorized to act on behalf of LH to change any terms of the Agreement. Neither this Agreement nor the Equipment leased hereby is transferable for Subscriber.
2. Subscriber understands that the purpose of the Equipment is to transmit to Emergency Response Center (ERC) signals, which may indicate the presence of an emergency at the location of the Equipment. Subscriber agrees not to use the Equipment to transmit signals that are not reasonably needed. ERC will use reasonable effort to notify one of the persons named in paragraph 4e of any incoming signal from Subscriber.
3. It is understood that the Equipment is the property of LH and new or reconditioned Equipment may be placed in Subscriber's home at the discretion of LH. It is also understood that no alterations or repairs may be made on the equipment by anyone other than authorized LH personnel. The Equipment shall not be moved to another location without written authorization of LH. Any loss, damage or repairs due to negligence or misuse will be charged to the Subscriber.
4. LH agrees to:
 - a. Provide, install and test the Lifeline Equipment.
 - b. Provide instructions on the use of the Equipment and its services on or before installation.
 - c. Provide reasonable maintenance for the Equipment within a reasonable time after receipt of a request for maintenance from the Subscriber. Maintenance will be performed at LH's expense unless it is made necessary by Subscriber's negligent or intentional misuse of the Equipment or by negligent or intentional misuse by anyone at Subscriber's address. The cost of maintenance necessitated by negligent or intentional misuse shall be paid promptly by Subscriber.
 - d. Provide trained personnel to respond to incoming signals from Subscriber.
 - e. Respond to incoming signals from Subscriber as follows:
 - i. ERC telephone personnel will first attempt to make telephone contact with the Subscriber.
 - ii. If telephone contact with the Subscriber cannot be established, ERC personnel will attempt to make telephone contact with the Responders listed by the Subscriber.
 - iii. If no Responders can be contacted, ERC personnel will request the dispatch of either law enforcement or municipal emergency medical personnel. The decision as to which of these is to be contacted will be at the discretion of ERC personnel, depending upon the circumstances of the situation.
 - iv. ERC personnel will instruct the law enforcement or municipal emergency medical personnel to enter the Subscriber's residence (at the address shown above) with force, if necessary, based on the Agreement.



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It is understood that the sole obligation of ERC is to attempt to contact Responders and to make efforts to verify the arrival of assistance at the Subscriber's address. Lifeline is not a part of Langlade Hospital Emergency Department medical services and does not provide emergency medical care or professional advice.

5. The Subscriber agrees to:

- a. Accept any charges due the Telephone Company or electric utility company as a result of special needs or adjustments required for the installment and operation of Lifeline.
- b. Be liable and responsible for the payment of any reasonable expenses or costs incurred by any person or entity responding to a call from ERC occasioned by an incoming signal from the Equipment. As an example: Subscriber will be responsible for the cost of any municipal rescue or ambulance service provided if dispatched because of an incoming signal.
- c. Designate persons, as listed below, to act as Responders under this Agreement, who are expected to contact or check on Subscriber after notification by ERC. Subscriber will provide a house key to each Responder. Subscriber may change the name of any or all Responders at any time, effective upon receipt of LH written notice designating the name, address and telephone numbers of such new or changed Responders.
- d. Consent to the release of necessary information to be given to Responders by ERC personnel.
- e. Hold LH harmless from any costs or expenses incurred should Responders; law enforcement or emergency personnel injure or damage Subscriber's property by entering the premises in response to a signal from Subscriber.
- f. Allow access to LH personnel to check, repair and update Equipment.
- g. To pay a monthly charge of \$22 by the tenth day of each month in which the Equipment remains at Subscriber's address. Subscriber understands that LH provides the Lifeline service in the public interest and at a minimal charge. Subscriber also understands that LH will make every effort to maintain the monthly charge cited herein, but that the charge is subject to change.

In the event of a default by Subscriber or in the event of termination of the Agreement, LH shall have the right to take possession of the Equipment without demand or notice and without any process of law. Subscriber shall return the Equipment in as good condition as when received, reasonable wear and tear accepted.

- h. Not willfully or inadvertently, cause false alarms.
6. The Subscriber further agrees that LH shall have no liability whatsoever for damages or injuries, including consequential damages, to third parties, including Responders, incurred in responding to a call from ERC occasioned by an incoming signal from the Equipment. The Subscriber agrees to and does hereby indemnify and hold LH harmless from all claims, costs, expenses, damages, and liabilities, including reasonable attorney's fees, resulting from acts or omissions of third parties occasioned by responding to a call from ERC in response to an incoming signal from the Equipment.



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7. The Subscriber further agrees that LH shall have no liability whatsoever for damages, including consequential damages, by reason of failure of the Equipment to function properly or by reason of ERC personnel's failure to appropriately respond to an emergency call received by it by use of the Equipment. The Subscriber agrees to and does hereby indemnify and hold LH harmless from all claims, costs, expenses, damages, and liabilities, including reasonable attorney's fees, resulting from or incident to the failure of the Equipment to perform the function for which it is intended or the failure of the Equipment to perform the function for which it is intended or the failure of ERC to respond properly to an emergency signal transmitted to it by use of the Equipment.
8. **It is understood that while LH will attempt to maintain the Equipment in good operating condition, it is not responsible for the malfunctioning of the Equipment or the System, and will not be liable for any direct or indirect personal injuries or damages resulting from such malfunctions. Nor will LH be responsible for the actions or inaction of persons who have volunteered and consented to be called as responders. Except as expressed in this agreement, LH makes no representations or warranties, either express or implied, with respect to the Equipment or the overall operation of the Equipment.**

No warranty is to be implied with respect to the condition of the Equipment, its merchantability or its fitness for a particular purpose. Nothing herein contained shall be construed as depriving the Subscriber of whatever rights, if any, Subscriber may have against any other persons other than LH, such as the supplier and the manufacturer of the Equipment.

9. Either party upon thirty (30) days' written notice delivered to the other party may terminate this agreement. In case of default on behalf of either party, the non-defaulting party may terminate the Agreement immediately and without notice. No refund of any monthly charge or portion thereof is payable in the event of termination, and LH shall remove the Equipment pursuant to paragraph 5g above.

****Subscriber Signature:** _____ **Date:** _____

Lifeline Representative Signature: _____ **Date:** _____

Subscriber Address: _____

Telephone Number: _____



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Attachment 3 – Payment for Lifeline Services

There are several ways by which you can pay for Lifeline Services provided by Langlade Hospital. Please check the means by which you plan to pay for the services.

_____ **Monthly Payments**

_____ Monthly payments can be made by the 10th of each month.

_____ Monthly payments are \$22 a month for a yearly cost of \$264.00.

_____ **Quarterly Payments**

_____ Quarterly payments can be beginning on the 1st day of service and by the 10th of every third month.

_____ Quarterly payments are \$63 for a yearly cost of \$252.00.

_____ **Semi-Annual Payments**

_____ Payments of \$120 can be made twice a year, for a yearly cost of \$240.00

Payment is due until **ALL** equipment is returned to Langlade Hospital.

Name & Address of Subscriber: _____

Bill Should be sent to: _____

Did you include your \$25.00 installation fee?

Check payable to: Lifeline

Check # _____ Check Date _____

All information in this application is considered private and confidential, and is intended solely for use by Lifeline.