

Help is a Phone Call Away!

A free service that connects people in need with available resources in our community.

www.211-broward.org

Dial 2-1-1 or (954) 537-0211

Administrative Office 3217 NW 10th Terrace, Suite 307 Ft. Lauderdale, FL 33309

(954)-390-0493: Tel (954)-390-0499: Fax

WAIVER OF LIABILITY AND GENERAL RELEASE

For and in consideration of the undersigned's participation in the Touchline Program, which involves a daily reassurance call by 2-1-1 Broward, the undersigned recognizes and understands that:

- 1. The service provided by the Touchline Program may be terminated at any time by the provider and
- 2. That technical problems or human error may result in a failure of the service at any time and
- 3. That the undersigned expressly assumes all the dangers and risks inherent in either the termination or failure of the service, and
- 4. That the undersigned hereby releases and waives all claims that may arise by any act or omission against 2-1-1 Broward and all other personnel of 2-1-1 Broward whether caused by negligence, breach of contract, termination of services, or failure to provide services or otherwise whether for direct, incidental or consequential damages and whether for bodily injury, property damage or loss of otherwise which the undersigned, his/her heirs, legatees, executors, administrators, dependents and assignees may sustain in connection with participation in the Program.
- 5. In the event that a call check is made, and the undersigned does not respond, and undersigned did not advise the Touchline Program of his/her absence, undersigned understands that the Touchline Program may seek to have local law enforcement gain entry to his/her residence and that force may be used to gain entry if the local law enforcement assesses it is needed.













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- 6. That the undersigned agrees, on his/her behalf, and on behalf of his/her guardian, heirs, legates, executors or administrators to release 2-1-1 Broward and its staff and to hold each of them harmless from any liability for any injury including death, or damage to his/her property which may be incurred as a result of the operation of the Touchline Program.
- 7. That the undersigned agrees to provide all the necessary information inquired by the Touchline Program needed to provide the service, and agrees to advise the Touchline Program of any changes in that information.
- 8. That the undersigned agrees to call the Touchline Program at 954-390-0485 or 2-1-1 if the undersigned will not be at the number at the time designated for the call check.

In WITNESS whereof, and intending to be legally bound thereby undersigned affixes.

Print Participant's Name:	
Participant's Signature:	
Date:	
Print Witness' Name:	
Witness' Signature:	
Date:	













TOUCHLINE APPLICATION <u>CLIENT INFORMATION</u>

Dial 2-1-1 or (954) 390-0485

Diai 2-1-1 or (954) 390-0465					
NAME:	TELEPHONE:				
ADDRESS:	CELLULAR:				
APT NO:	DATE OF BIRTH:	AGE: SEX:			
CITY: ZIP CODE:	LIVING ALONE?	YES	OR NO		
APARTMENT/CONDO NAME: APARTMENT/CONDO MANAGEMENT TELEPHONE:					
CAN WE CONTACT THEM IN CASE OF AN	_	YES	OR NO		
PLEASE GIVE BOTH CROSS-STREETS NEAREST YOUR HOME IN THE EVENT OF AN EMERGENCY:					
EMERGENCY CONTACT PERSONS PLEASE LIST (<u>AT LEAST 2</u>) LOCAL BROWARD COUNTY RESIDENTS WHO WILL <u>GO TO YOUR HOME AND CHECK ON YOUR SAFETY AND WELL BEING</u> IN THE EVENT THAT YOU DO NOT ANSWER YOUR DAILY TOUCHLINE CALL. THESE RESIDENTS MUST BE WITHIN WALKING OR SHORT DRIVING DISTANCE FROM YOUR HOME. 1) NAME:					
ADDRESS:		ŀ	\PT		
CITY AND ZIP CODE:					
TELEPHONE (H)	(W)				
RELATIONSHIP:	HAS A KEY TO MY HOME	::Y	ESNO		
2) NAME					
ADDRESS		Į.	APT		
CITY AND ZIP CODE					
TELEPHONE (H)	(W)				
RELATIONSHIP:	HAS A KEY TO MY HOMI	≣:YI	ESNO		
3) NAME					
ADDRESS		Į.	APT		
CITY AND ZIP CODE					
TELEPHONE (H)	(W)				
RELATIONSHIP:	HAS A KEY TO MY HOME	::YE	ESNO		

DOCTOR'S NAME	TELEPHONE:			
SPECIAL MEDICAL AND OTHER CONDITIONS-LIST ANY PROBLEMS, MEDICAL, EMOTIONAL OR OTHER, WHICH MIGHT AFFECT YOUR ABILITY TO ANSWER YOUR DAILY TOUCHLINE TELEPHONE CALL. MEDICAL:				
MEDICATION:				
HANDICAP:				
OTHER:				
IN THE EVENT OF A HURRICANE, (PLEASE CHE	CK ONE):			
 I HAVE NO PLAN TO EVACUATE AND WOULD I PLAN TO REMAIN AT HOME. I PLAN TO MOVE TEMPORARILY TO: ADDRESS: 	LIKE SOME ADVICE.			
TELEPHONE:				
IN THE EVENT OF AN EMERGENCY, ARE THERE NAME: TELEPHONE: NAME: TELEPHONE:	RELATIONSHIP:			
PLEASE NOTE: IF YOUR EMERGENCY CONTACTS ARE NOT AVAILABLE, THE POLICE DEPARTMENT WILL BE CONTACTED TO CHECK ON YOUR SAFETY. FIRST CALL FOR HELP WILL NOT BE RESPONSIBLE FOR ANY ACTIONS TAKEN BY EMERGENCY PERSONNEL.	IMPORTANT! IT IS NECESSARY FOR YOU TO LET US KNOW BEFOREHAND WHEN YOU WILL NOT BE HOME FOR OUR CALL EACH DAY. CALL US AT THESE NUMBERS, 24 HOURS A DAY: 2-1-1 or (954) 390 - 0485 or (954) 537- 0211			
THIS SPACE FOR OFFICE USE ONLY	I have read the attached Waiver of Liability form and			
CLIENT I.D. NOPRIORITY	consent to the terms of the agreement. I hereby acknowledge that I must agree to sign and submit both the Touchline application and the Waiver of Liability.			
BEGIN CALLS: DATETIME				
ENTERED BY:	CLIENT SIGNATURE			
	DATE			

RETURN COMPLETED APPLICATION TO:

2-1-1 FIRST CALL FOR HELP OF BROWARD 3217 NW 10th Terr, Suite 307 FORT LAUDERDALE, FL 33309

Dial 2-1-1 or (954) 390-0485