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**COUNTY OF MIDDLESEX
DEPARTMENT OF COMMUNITY SERVICES**

Office of Aging and Disabled Services

Blanquita B. Valenti
Chairperson, Community
Services Committee

John A. Pulomena
County Administrator

Margaret R. Chester
Department Head

Melyssa Lewis
Director

Introducing the Carrier Link Program for Older Adults

Carrier Link is a *free* community service activity that works cooperatively between the South River Office on Aging, local post office and the Middlesex County Office of Aging & Disabled Services. This program offers older adults in Middlesex County an extra measure of personal security.

How does Carrier Link Work?

When delivering the mail, the local letter carrier will check to see that your mail is picked up from the mailbox. Should letters pile up or should the carrier notice other warning signs indicating you have a possible problem, they will contact the senior center or other locally designated agency. That agency will proceed to check on your well being.

When you enroll, you will designate several reliable emergency contacts. All the information provided will be kept strictly confidential.

How Much Does Carrier Link Cost?

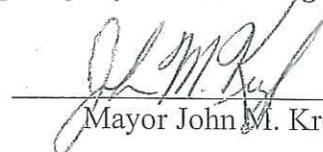
Carrier Link costs *nothing*. This program is available *free* to those who wish to participate. An external mailbox is required for the decal identification location.

How Can I sign Up?

Simply fill out the enclosed application and release form and return it to your municipal senior center or other noted senior agency. After you return your application and designated emergency contacts, we will provide you with an identification decal to place inside the lid of your mailbox to alert the postal carrier of your enrollment.

We hope you will join the program and gain that little extra measure of confidence knowing that someone in the community is looking out for your well being.


Freeholder Blanquita B. Valenti


Mayor John M. Krenzel



CARRIER LINK APPLICATION FORM

Applicant

Name _____ Phone # _____
 Street Address _____ Zip _____
 Date of Birth: _____ Male _____ Female _____

Emergency Contacts:

1. Name: _____ Phone # _____
 Street Address _____ Zip _____
 Relationship _____

2. Name _____ Phone # _____
 Street Address _____ Phone # _____
 Relationship _____

Physician Name _____ Phone # _____
 Street Address _____ Zip _____

Number of people in household: _____ Live alone ___ w/spouse ___ w/relatives ___ w/friends ___
 Is there a pet in the house? ___ Yes ___ No Will pet act to protect you? ___ Yes ___ No

In the past six months	Yes	No	If yes, when
Have you fallen?	_____	_____	_____
Have you been admitted to a hospital?	_____	_____	_____
Have you gone to an emergency room?	_____	_____	_____

How do you rate your overall health? Excellent ___ Good ___ Fair ___ Poor ___

Check all that apply to your overall health condition

___ Amputee	___ Cancer	___ Heart Disease	___ Stroke
___ Respiratory Disease	___ Arthritis	___ Kidney Disease	___ Diabetes
___ Alzheimer/Dementia	___ Hip Fracture	___ Blood Pressure	___ Glaucoma
___ Blood Pressure (H/L)	___ Cataracts	___ Trouble w/mobility	

Other (please explain) _____

Applicant Signature _____ Date _____

Please read, complete and sign both sides of this form and return to:

South River Senior Center, 55 Reid Street, South River, N.J. 08882

**STATEMENT OF UNDERSTANDING AND RELEASE OF LIABILITY
BY REGISTRANTS IN THE COUNTY CARRIER LINK PROGRAM**

I acknowledge by signing this release that I have registered to participate in the Carrier Link Program. This program is free to seniors and is a cooperative effort between the County Department of Senior Services, the local Postal Service and Borough of South River. The Carrier Link Program offers older adults an extra measure of confidence that if a letter carrier observes certain warning signs indicating something seems out of the ordinary, they may begin a process to notify the specified senior agency to check on the situation.

This program will be locally directed by the Borough Office on Aging and I understand that my participation in the Program will at all times be subject to the following terms and conditions:

1. All information furnished by me may be only used by the Borough Office on Aging and the local Postal Service as they deem necessary to carry out the intent of the Carrier Link Program.
2. Whenever I expect to be away from home for one or more days, I will place a temporary cover over the Carrier Link decal inside my mailbox and I will notify the Postal Service in writing whenever my absence will be for a long duration.
3. The United States Postal Service, including its agents, employees and other representatives, if during the normal course of their work they notice an undue accumulation of mail in the mailbox or some other warning sign indicating a possible problem, may notify the Borough Office on Aging for such action as they may consider to be appropriate to check on my well being. This could include the police notifying other emergency personnel when deemed necessary.
4. Participation in the Program by involved agencies and their employees is a voluntary community service activity which is undertaken on my behalf and at my request. I understand that there is no, guarantee, warranty, promise or implication that any postal service representative (including but not limited to the carrier who normally delivers my mail and any substitute or replacement), borough or county representative will necessarily take action under any portion of the program.
5. I understand that the program is not intended, directly or indirectly, to give legal rights of any nature or description to any participating organization in the Carrier Link Program. I understand the intent of the program is to benefit me and I hereby release and discharge all involved organizations and parties from all actions, suits, executions, damages, claims or demands of any kind and nature based upon any acts, omissions or other factors arising from or related to actions under this Program.
6. I understand I may discontinue my participation in the program by providing written notice to the Borough Office on Aging at least 30 days prior to actual termination of participation in the program and I will remove the decal from inside my mailbox.

Signature of Registrant

Address

Print Name

Phone Number