



South River Office On Aging

55 Reid Street, South River, NJ 08882
Phone: (732) 257-2340 Fax: (732) 390-3470
www.southrivernj.org
srseniors@southrivernj.org

OFFICE ON AGING USE ONLY

DATE RECEIVED _____

_____ APPROVED

_____ DENIED

DATE SUBMITTED TO PD _____

DATE OF INSTALLATION _____

OPERATION BLUE ANGEL APPLICATION

Last Name: _____

First Name: _____

Address: _____

Home Phone #: _____

Alternate Phone #: _____

REASON FOR APPLICATION:

_____ I am 85 years of age or older and live alone.

_____ I am 60 years of age or older, live alone and have a medical condition that is potentially incapacitating.

_____ I am 60 years of age or older, alone on a frequent basis and have a medical condition that is potentially incapacitating.

BRIEFLY LIST YOUR MAJOR MEDICAL CONDITION(S):

Physician's Name: _____

Physician's Phone #: _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Home Address: _____

Home Address: _____

Home Phone #: _____

Home Phone #: _____

LIVING WILL INFORMATION:

Do you have a Living Will or a Do Not Resuscitate (DNR) form? (Circle) Yes / No

If yes, where is it located? _____

PET INFORMATION:

Dogs? (Circle) Yes / No

If yes, how many and what breeds? _____

Cats? (Circle) Yes / No

If yes, how many? _____

LIABILITY RELEASE:

In consideration of my participation in the "Operation Blue Angel" program, the undersigned, to the fullest extent permitted by law, hereby agrees for the undersigned and the undersigned's heirs and representatives, to indemnify and hold harmless the Borough of South River and their respective employees, officers and attorneys from and against any and all claims, suits, judgments, losses, damages, personal injuries (including but not limited to death), or liability (including reasonable attorney's fees), directly or indirectly arising from or in connection with the undersigned's participation in the "Operation Blue Angel" program. I further understand that I am acknowledging and assuming any risk associated with my participation in "Operation Blue Angel." The undersigned acknowledges and agrees that the undersigned's participation in the "Operation Blue Angel" program is voluntary and that said Program is being offered only as a courtesy. I also understand and agree that the "Operation Blue Angel" program is not intended in any way whatsoever to create or impose a special duty on the South River Police Department or Borough of South River and their respective employees, officers and attorneys regarding the undersigned's safety or well-being.

CONDITIONS:

Under the "Operation Blue Angel" program the undersigned voluntarily agrees to participate in the Program and assumes full responsibility for providing the correct key at all times. Once the lock box is installed, emergency personnel can only use the lock box to gain access to the undersigned's home after being summoned to the home for emergency purposes. In the event of a time-sensitive situation (e.g. medical emergency, fire, home invasion, etc.) or malfunction of the lock box, emergency personnel may not be able to, nor have the time to use the lock box system. In those situations, the undersigned agrees that emergency personnel shall have the right to exercise their discretion and gain entry to the undersigned's home by the fastest means possible. However, emergency personnel will use their best efforts to utilize the lock box when time and the situation permits.

_____ (Initial here) I understand that the "Operation Blue Angel" program is not a lock-out service, and only emergency personnel will be granted access to the lock box. I also understand that I may terminate my participation in the Program at any time by calling the Office on Aging at (732) 257-2340 to schedule the removal of the lock box. Finally, I understand that the lock box is the property of the Borough of South River, and must be returned when the original program participant vacates the home.

Primary Program Participant (PRINT NAME)

Secondary Program Participant (PRINT NAME)

Primary Program Participant (SIGNATURE)

Secondary Program Participant (SIGNATURE)

Date

Date

*****If the key to the home changes after the lock box is installed, it is the participant's responsibility to contact the Office on Aging at (732) 257-2340, so that arrangements can be made to replace the key inside the unit*****

**PLEASE RETURN COMPLETED APPLICATION AND "FILE OF LIFE" PACKAGE TO:
SOUTH RIVER OFFICE ON AGING, 55 REID STREET, SOUTH RIVER, NJ 08882
INCOMPLETE SUBMISSIONS WILL NOT BE CONSIDERED**

POLICE DEPARTMENT USE ONLY

DATE RECEIVED _____

DATE OF SITE INSPECTION _____

DATE OF INSTALLATION _____

LOCK BOX LOCATION _____

SHACKLE CODE _____ / _____

DATE ENTERED INTO CAD _____

SIGNATURE/ID _____