



BRIAN M. CHISM
SHERIFF

Office of the Sheriff

BRUNSWICK COUNTY, NORTH CAROLINA

BOLIVIA 910-253-2777

NC 800-672-6379

FAX 910-253-2705

The Brunswick County Sheriff's Office is pleased to offer the following service to the residents of Brunswick County. It is called, the "Are You OK" program and is designated for the older adults, disable persons, and shut-ins that live alone.

The "Are You OK" program is a computerized telephone calling system in place at the Brunswick County Sheriff's Office. The system will call each enrolled subscriber every day of the year at the same time each day. We make calls between the hours of 7:00 a.m. and 10:00 a.m.

When the subscriber answers the phone, he or she will hear a voice saying, "This is the Brunswick County Sheriff's Office "Are You OK" program, if you have an emergency, please hang up and dial 911".

If the subscriber fails to answer the phone after the third attempt, then someone will try to make contact with that person, or a key holder to check on the subscriber. If they cannot make contact with the person, a law enforcement officer will be dispatched to their residence.

If the subscriber is not going to be home at the time of the call (out of town, doctors' appointment, etc.) he or she can call 910-253-2884 and leave a message on the answering machine letting us know that they will not be home. The subscriber should leave his/her phone number and date (or dates) that they will not be home. If the subscriber is admitted into the hospital for any reason, we request that someone call the above number and leave a message.

It is very important to understand that the "Are You Ok" program is not intended to take the place of Lifeline, Life phone, or any other service a person is now using. In fact, we urge people to use Lifeline or a similar service in addition to the "Are You OK" program!

Everyone who signs up for this service will be asked to fill out a short form which includes personal, medical and other information which law enforcement may need in an emergency. It is also required that the subscriber provide at least two people (such as relatives or neighbors) that

possess keys to the subscriber's residence. That is necessary if Officers need to enter the residence to check on the subscriber. This information will be kept confidential and secure at the Brunswick County Sheriff's Office. A waiver of liability is required, to be completed and signed.

If you have any questions about this program or need assistance completing the forms, please contact the main number for the I.M.P.A.C.T. Unit at **910-253-2788 or 910-253-2787.**

Please main the program for and waiver to:

Brunswick County Sheriff's Office

Attn: I.M.P.A.C.T. Unit

P.O. Box 9 Bolivia, NC 28422



Brunswick County Sheriff's Office

Are You OK? Client Information Form

File Number: _____

Date of Application: _____ Time to receive call: _____

Client's Name: _____

First Middle Last

Date of Birth: _____

MM/DD/YYYY

Sex

Race

Age

Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____

Home

Work

Cell

Place of work: _____

Work Address: _____

Email Address: _____

Contact Information for Relatives and Friends

Name: _____

First

Middle

Last

Relationship to you: _____

Address:_____

City:_____ State:_____ Zip:_____

Phone #:_____

Home

Work

Cell

Other Contact Information for Friends and Relatives

File Number:_____

Name:_____

First

Middle

Last

Relationship to you:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone #:_____

Home

Work

Cell

Name:_____

First

Middle

Last

Relationship to you:_____

Address:_____

City:_____ State:_____ Zip:_____

Phone #:_____

Home

Work

Cell

Does anyone have a key to your residence? Yes No

Name:_____

First

Middle

Last

Address:_____

City:_____ State:_____ Zip:_____

Phone #:_____

Home

Work

Cell

Do you have a key outside your residence?

☐

Yes

☐

No

Where is it Located? _____

File Number: _____

Do you have any physical or mental disabilities?

☐

Yes

☐

No

If yes, please explain:

Do you live alone?

☐

Yes

☐

No

Do you have an answering machine?

☐

Yes

☐

No

Doctor's Name: _____

Address: _____

Phone #: _____

Clergy's Name: : _____

Address: _____

Phone #: _____

Please provide any information that you feel will assist our agency.

Pets:

☐

Yes

☐

No

If so, Type(s)? _____ Name(s): _____

Vehicles:

☐

Yes

☐

No

If so, Make(s)? _____ Model(s): _____

License Plate #s: _____



Brunswick County Sheriff's Office
Are You OK? Waiver of Liability

This, "Waiver" releases and holds harmless Brunswick County Sheriff's Office against any claim in relation to service received through the "Are You OK? Program.

The subscriber acknowledges that the Brunswick County Sheriff's Office is providing the service as a public service at no compensation. The subscriber recognizes that The Brunswick County Sheriff's Office may, in its sole discretion, terminate this service at any time. The subscriber also acknowledges that technical problems or human error may result in a failure of service at any time. In consideration of these factors, the subscribers hereby waive claim arising from failure, for any reason, to provide the services contemplated by this agreement Subscriber further agrees to waive, release and holds harmless The Brunswick County Sheriff's Office against any claim for direct, incidental, or consequential damages arising from any act or omission of Brunswick County Sheriff's Office, their volunteers, agencies, or employees, in connection with this program.

Date_____ Participant's Signature_____

Date_____ Witness_____

Date_____ Signature of BCSO Employee_____