



Sebastian Police Department

1201 Main Street
Sebastian, FL 32958

Fax (772) 388-1872

Any Questions, or to
START the service, Call:
Officer Steve Marcinik
Sebastian Police Department
Direct # 772-388-4432

RUOK Sebastian

Sebastian Police Department is happy to introduce our new program called RUOK. This program is designed to help care for our Special Needs, Homebound, Disabled and Senior Citizen population. All you have to do is fill in the form below and we have our computer generated software program call you at your residence with the question: RUOK? This program is available 24hrs a day, 7 days a week. Please fill in all appropriate blocks below:

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First Name

MI

Last Name

	, Sebastian, FL 32958
--	-----------------------

Street Address

Apt #

--

Phone Number

--

Impairments or Illnesses

--

Emergency Contact Name

Phone Number

Relationship

Circle the answer that best suits the question:

- Able to walk? Yes No If no, Wheelchair or Walker.
- Lives Alone Yes No If no, please complete co-resident information.
- Have pets? Yes No If yes, in House or yard.

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Co-Resident's Names

--

Location of Medication

--

Location of Medical History

--

Doctor's Name

--

Doctor's Phone Number

--

Church or Clergy Name

--

Clergy's Phone Number

Mon ___	Thurs ___	Sat ___
Tues ___	Fri ___	Sun ___
Wed ___		

AM or PM

Time of Day to Call?

--

Date of Birth

Check off Day(s) of Week to Call

--

Applicant Signature

Date

--

Recvd by:

--

Entered by:

--

Recvd Dispatch:

(Include Initials, ID #, Date & Time)
Inhouse (Form B-3)RUOK(Revised 9/2006)

(Include Initials, ID#, Date & Time)

(Include Initials, ID #, Date & Time)

Are You O.K.?® Field Interview Form

Phone: () -	Date: / /	Time to Call: :00 AM PM	Service Number:
Subscriber Name and Address: Last Name First Name M.I. Street Address Apt. Bldg Name Apt. # City State Zip Code		Doctor and Clergy: Doctor's Name Doctor's Phone Clergy's Name Clergy's Phone	
In Case of Emergency, Notify: Last Name First Name M.I. Street Address City State Zip Code Phone Number		Last Name First Name M.I. Street Address City State Zip Code Phone Number	
Next of Kin: Last Name First Name M.I. Street Address City State Zip Code Phone Number		Last Name First Name M.I. Street Address City State Zip Code Phone Number	
Key on Premises? Yes No	Location:		
Keyholder: Last Name First Name M.I. Street Address City State Zip Code Phone Number	Last Name First Name M.I. Street Address City State Zip Code Phone Number		
Pets? Yes No	Type and Location:		
Live Alone? Yes No	Co-Residents:		
Medical History			
Able To Walk? Yes No	List Physical Impairments:		
Location of Medical History:			
Remarks			



Sebastian Police Department
 1201 Main Street
 Background Investigator, Officer John Grimmich
 Tel (772) 589- 5233 Ext 8576
 Fax (772) 388-1872

RUOK Program
Hold Harmless Agreement/Disclaimer Statement

Subscriber's Name _____

The undersigned as a condition to participation in the Sebastian Police Department RUOK Program- (hereinafter "Program ") hereby agrees to indemnify and hold harmless the Sebastian Police Department, the City of Sebastian, Florida, its council members, directors, officers, employees, partners, principals, contractors, agents, representatives, volunteers, and each of them, against any and all administrative and judicial proceedings and orders, charges, claims, costs, damages, demands, expenses, fines, judgments, liabilities, losses, penalties, and remedial actions of any kind and all other related costs, damages, demands, expenses, fines, judgments, liabilities, losses, penalties, and remedial actions of any kind and all other related costs and expenses incurred in connection therewith, including, but not limited to reasonable attorneys' fees and the cost of defense arising out of injury to persons, including but not limited to death, or damage to property, caused by, directly or indirectly, in whole or part, or in any way connected with the Subscriber's participation in this Program. The subscriber acknowledges that technical difficulties, weather conditions and other unforeseen situations may result in failure of the services provided by the Program at any time. Further more, the subscriber must notify the Sebastian Police Department in a timely manner if they will not be at their residence at the time of their regularly scheduled daily telephone call Failure to notify the Department may result in officers forcibly entering your residence to check on your welfare.

Date _____ Subscriber: _____
(signature)

Witness: _____

Acknowledged Before me this _____ Day of _____, 20 _____,

By _____ who is () personally known to me OR () who produced _____ as identification.

 Notary Public Commission Expires _____