

Dear Morton Grove Resident,

Enclosed are the two forms required for participation in the Are You Okay? Telephone Contact Program. I would like to point out the space in the upper, right hand corner of the Registration Form that states "Time to Call". Please indicate in that area what time you would like to be called, i.e., 10:00 a.m. In addition, it is important that we have not only the information on who to contact in case of an emergency, but also who has a key to your home, i.e., neighbor. If you have any questions about the form, please feel free to contact one of our social workers or the outreach worker at (847) 470-5246.

Upon their completion, return the forms to:

Family & Senior Services  
Village of Morton Grove  
6140 Dempster St.  
Morton Grove, 60025

Once we receive and process your registration, you can expect the Are You Okay? calls to begin within 5 business days.

Sincerely,

Jackie Walker-O'Keefe, LCSW  
Director  
(847) 470 - 5219

*Village of Morton Grove*  
*“Are You Okay?” Program*

**Registration Form**

Date: \_\_\_\_\_

TIME TO CALL: \_\_\_\_\_

**Resident Information**

\_\_\_\_\_  
Name (Last)

\_\_\_\_\_  
(First)

Marital Status: (Circle) S M D Sep W

Live alone: (Circle) YES NO

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Home Phone

\*\*\*\*\*  
**Key on Premises:** Yes No

**Location:** \_\_\_\_\_  
(For example, Knox Box)

**Alternate Keyholder # 1:** \_\_\_\_\_  
Name

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
City, State

-----  
**Alternate Keyholder # 2:** \_\_\_\_\_  
Name

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
City, State

\*\*\*\*\*  
**Dangerous Pets?** Yes No **Type of Pet:**

**Location:**

\*\*\*\*\*  
**Medical Information :** \_\_\_\_\_  
Physician

\_\_\_\_\_  
Phone No.

Please list medical conditions:

Wheelchair? (Circle) Yes No

\*\*\*\*\*  
**IN CASE OF EMERGENCY**

**Local Friend or Relative**  
(not living at same address) \_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone No.

\_\_\_\_\_  
Signature

ARE YOU O.K.?

PARTICIPANT AGREEMENT

I understand that the Village of Morton Grove is providing the service as a public service and for no compensation. I recognize that the Village of Morton Grove may, in their sole discretion, terminate this service at any time. I also acknowledge that technical problems or human error may result in a failure of the service at any time. In consideration of these factors:

**I hereby waive, release, and hold harmless the Village of Morton Grove and it's representatives from any claim arising from a failure, for any reason, to provide the services contemplated by this agreement, and I further agree to waive, release and hold harmless the Village of Morton Grove and it's representatives against any claim for direct, incidental, or consequential damages arising from any act or omission of the Village of Morton Grove and it's representatives, in connection with it's participation in this program.**

I have read and fully understand this waiver, and also realize that this program is a supplement to any other well-being program(s) I participate in now.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date