Bell Auxiliary Lifeline Application Charter [] or AT&T [] Name______ Age: ____ D.O.B._____ Phone_____ LANDLINE PHONE IS NEEDED Responders: Must live within 5 to 10 minutes from the subscriber if possible. 3 responders is optimal. Relationship to subscriber_____ Home Phone_____ Address:_____ Work Phone_____ Key to home: Yes No 2. Name______Cell phone _____ Relationship to subscriber_____ Home Phone_____ Address: Work Phone Key to Home Yes No 3. Name Cell phone Relationship to subscriber Home phone Address:_____ Work phone_____ Key to home Yes No Next of kin to contact in an emergency Phone Number

Address______Hospital Preference_____

Primary Care Physician_____Phone____

Allergies_____

Medical Problems_____

Monthly charge: Regular Button -- \$25.00 **or** Fall Alert Button -- \$37.50 A \$30 set-up fee may apply. Subscriber is billed on the 1st of every month; payment is due by the 15th of that month. Payments billed to credit cards are charged an extra .50 fee.

Return completed application to: Tami Ketchem, Lifeline Program Manager

tami.ketchem@bellmi.org

901 Lakeshore Drive Ishpeming, MI 49849

Direct Line 906-485-2611 (fax) 485-2136