

TOUCHLINE APPLICATION



954-640-5800

Mail completed
application to:
2-1-1 Broward
250 N.E. 33rd Street
Oakland Park, FL 33334

NAME:	TELEPHONE:		
ADDRESS:	CELLULAR:		
APT NO:	DATE OF BIRTH:	AGE:	SEX:
CITY:	ZIP CODE		

APARTMENT/CONDO NAME:

APARTMENT/CONDO MANAGEMENT TELEPHONE:

CAN WE CONTACT THEM IN CASE OF AN EMERGENCY? **YES** **OR** **NO**

PLEASE GIVE BOTH CROSS-STREETS NEAREST YOUR HOME IN THE EVENT OF AN
EMERGENCY:

EMERGENCY CONTACT PERSONS PLEASE LIST (AT LEAST 2) LOCAL BROWARD
COUNTY RESIDENTS WHO WILL GO TO YOUR HOME AND CHECK ON YOUR SAFETY AND
WELL BEING IN THE EVENT THAT YOU DO NOT ANSWER YOUR DAILY TOUCHLINE CALL.
THESE RESIDENTS MUST BE WITHIN WALKING OR SHORT DRIVING DISTANCE FROM YOUR
HOME.

1) NAME:

ADDRESS:	APT		
CITY AND ZIP CODE:			
TELEPHONE (H)	(W)		
RELATIONSHIP:	HAS A KEY TO MY HOME:	YES	NO

2) NAME:

ADDRESS:	APT		
CITY AND ZIP CODE:			
TELEPHONE (H)	(W)		
RELATIONSHIP:	HAS A KEY TO MY HOME:	YES	NO

3) NAME:

ADDRESS:	APT		
CITY AND ZIP CODE:			
TELEPHONE (H)	(W)		
RELATIONSHIP:	HAS A KEY TO MY HOME:	YES	NO

DOCTOR'S NAME

TELEPHONE:

SPECIAL MEDICAL AND OTHER CONDITIONS-LIST ANY PROBLEMS, MEDICAL, EMOTIONAL OR OTHER, WHICH MIGHT AFFECT YOUR ABILITY TO ANSWER YOUR DAILY TOUCHLINE TELEPHONE CALL.

MEDICAL:

MEDICATION:

DISABILITY:

OTHER:

PLEASE NOTE: IF YOUR EMERGENCY CONTACTS ARE NOT AVAILABLE, THE POLICE DEPARTMENT WILL BE CONTACTED TO CHECK ON YOUR SAFETY. **2-1-1 BROWARD WILL NOT BE RESPONSIBLE FOR ANY ACTIONS TAKEN BY EMERGENCY PERSONNEL.**

IMPORTANT! IT IS NECESSARY FOR YOU TO LET US KNOW BEFOREHAND WHEN YOU WILL NOT BE HOME FOR OUR CALL EACH DAY. CALL US 24 HOURS A DAY AT 954-640-5800.

THIS SPACE FOR OFFICE USE ONLY

CLIENT I.D. NO._____

CODE_____ PRIORITY_____

BEGIN CALLS: DATE_____ TIME_____

ENTERED BY: _____

CLIENT SIGNATURE

DATE

NOTES:

