

# 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? <b>YES</b> OR <b>NO</b>	

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: