



Hernando County Sheriff's Office

P.O. BOX 10070 – BROOKSVILLE, FL 34603-0070 FAX 352 796-0493 PHONE 352 754-6830

CARE LINE Program for People Living Alone

The Hernando County Sheriff's Office has established a program for the security and well-being of those people living alone who would like daily contact with someone who "cares."

To participate in this program, you need only request an application from the Hernando County Sheriff's Office, 352-797-3660 or the Care Line Office at 352-797-3799. The application, properly completed, is also an agreement to comply with procedures essential to make the program successful. A waiver is included which, when signed, authorizes a Deputy to enter your residence to check on your well being, should that become necessary.

1. You must call the CARE LINE every morning between the hours of 6:00 a.m. and 9:30 a.m. **(797-3799).**
2. If you are having a medical problem, please state this when you call.
3. If you plan to be away from home for any period of time and will be unavailable that day (or any number of days), you should notify the CARE LINE prior to your departure and again upon your return home.
4. We ask that you include the name(s) and phone number(s) of neighbors or someone locally that would be aware of your daily activities. We would like the name and number of a relative, even if they live out of town, to contact in case of an emergency.

In the event we do not receive a call from you, a CARE LINE representative will attempt to call you. If we do not make contact, we will then check with the neighbor/friend you listed on your application. If this fails, a Deputy will be dispatched to your home to check on your well being. Our primary concern will be to make certain you have not suffered some injury or illness that prevented a response to our call.

If you wish to participate in the CARE LINE Program, or if you would like additional information, please call the Community Relations Office of the Hernando County Sheriff's Office at 797-3660

**HERNANDO COUNTY SHERIFF'S OFFICE
CARE LINE APPLICATION**

NAME: _____
 LAST FIRST MIDDLE MAIDEN

RACE: _____ SEX: _____ AGE: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ CELL PHONE: _____

Please list any current medical issues: _____

Physician to be notified in case of emergency:

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____
 OFFICE HOME

Persons to be notified in case of an emergency: (Please list relatives even if out of town, but also name(s) of neighbors who may know when you are away from home).

- | | | |
|----|---|---------------------------|
| 1. | NAME _____
ADDRESS _____
CITY/STATE _____
TELEPHONE NUMBER _____ | _____
If related, how? |
| 2. | NAME _____
ADDRESS _____
CITY/STATE _____
TELEPHONE NUMBER _____ | _____
If related, how? |
| 3. | NAME _____
ADDRESS _____
CITY/STATE _____
TELEPHONE NUMBER _____ | _____
If related, how? |

HERNANDO COUNTY SHERIFF'S OFFICE

AUTHORIZATION FOR ENTRY OF RESIDENCE AND RELEASE OF LIABILITY AGREEMENT

As a participant in the Care Line Program for those who live alone, I hereby authorize any Deputy Sheriff appointed by Sheriff Al Nienhuis to enter my residence at any time for the purpose of ascertaining my personal well-being and to use such force as is deemed reasonable and necessary. I understand that forced entry to my home may occur if requirements for my Care Line personal status check have not been met.

I agree to hold harmless and indemnify the Sheriff's Office, its officers, and employees for any and all damages of any kind by or on behalf of any person as a result of entry into my residence as provided for herein.

My residence address is as follows:

Car Color _____ Yr/Make _____ Model _____

Location of Car _____ Pets _____

KEY location (in case of an emergency)

If I had any questions concerning this agreement, they have been answered to my satisfaction. I have read and understand this agreement.

PLEASE PRINT NAME

SIGNATURE

WITNESSED BY

Dated this _____ day of _____, 2017

Care Line Client Interviewed on date _____

Interviewed by _____