



## Hernando County Sheriff's Office

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# Care Line

The Care Line is a FREE program offered by the Hernando County Sheriff's Office for those who live alone and/or those who would like to have daily telephone contact with a clerk who cares.

To participate in the Care Line program, one must complete an application. The application, properly completed, also serves as an agreement to comply with the procedures necessary to make the program successful. A waiver is included as well. When signed, the waiver authorizes a Hernando County Sheriff's deputy to make forced entry (if no key is available) into a residence to check the well-being of the client.

### Care Line Program Procedures

1. The client calls the Care Line every morning at his or her (set) requested time. Calls are received between 6 a.m. and 9:30 a.m.
2. During the call, the client lets the Care Line clerk know that all is well or if not, what is wrong.
3. If the client is experiencing a medical issue, he or she should state same at the beginning of the call.
4. Clients who fail to call in at their (set) requested time will be contacted by the clerk.
5. If the clerk is unable to reach the client by phone, additional procedures are followed in an attempt to verify the well-being of the client.
  - a. Names, telephone numbers, and addresses of friends or neighbors who are familiar with the client's daily activities are required on the application.
  - b. Names, telephone numbers, and addresses of family members are required on the application (even if they live out of town/state) so we may contact them in the event of an emergency.
6. If unable to reach the client and/or verify that he or she is OK, the clerk requests a deputy to respond.
7. If the client will be away from home for one or more days, he or she will provide specific dates of absence. If this changes, the client will again, notify the clerk.

In the event a client fails to call the Care Line, a clerk will attempt to call the client. If no contact is made, the clerk will call any friends/neighbors listed. If we are unable to verify the well-being of the client, a deputy will be dispatched to the residence. Our primary concern is that the client has not suffered a medical episode or become injured, rendering him or her unable to answer the telephone.

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

**CLIENT INFORMATION**

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
Middle Initial \_\_\_\_\_  
Race \_\_\_\_\_  
Sex \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State/Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Medical Info \_\_\_\_\_  
Medical Info \_\_\_\_\_  
Medical Info \_\_\_\_\_

**PHYSICIAN INFORMATION (Notified in case of emergency)**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_

**FRIENDS/NEIGHBORS (Contacted if we are unable to reach client)**

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Relation \_\_\_\_\_
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Relation \_\_\_\_\_
3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone \_\_\_\_\_  
Relation \_\_\_\_\_

HERNANDO COUNTY SHERIFF'S OFFICE

**AUTHORIZATION FOR ENTRY TO RESIDENCE AND RELEASE OF LIABILITY AGREEMENT**

As a participant in the Hernando County Sheriff's Office Care Line program, I hereby authorize any deputy sheriff, appointed by the Hernando County Sheriff, to enter my residence at any time, for the purpose of checking my personal well-being, and to use such force as necessary and reasonable.

I agree to hold harmless and indemnify the Hernando County Sheriff's Office, its deputies, and employees for any and all damage caused as a result of entry into my residence as provided herein.

**Client's Address**

\_\_\_\_\_

**Client's Vehicle**

Color

Make/Model/Year \_\_\_\_\_

Key Location - In Case of Emergency

\_\_\_\_\_

I have read and understand this agreement.

All of my questions regarding this agreement have been answered to my satisfaction.

Client's Name/Printed \_\_\_\_\_

Client's Signature \_\_\_\_\_

Witnessed By \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Client Interview Date \_\_\_\_\_

Interviewed By \_\_\_\_\_