

Sand Lake Ambulance

Advanced Life Support

P.O. Box 222 – 3643 NY 43

West Sand Lake, NY 12196

Phone/Fax 518.674.2221

2010 Senior LifeAlert Program Application

Applicant's Name: _____ DOB: _____

Mailing Address: _____

Physical Address: _____

Home Phone #: _____ # of Occupants in Residence (Including Applicant)? _____

Annual Household Income: _____

Please describe any mobility challenges, disabilities and or frequency of falls:
(wheelchair, walker, deaf, visual impairment)

Alternative Contact Information

Name: _____ Relation: _____ Phone Number: _____

Mailing Address: _____

Acknowledgement & Liability Release

I hereby swear the above information is accurate and understand that there are a limited quantity of devices available and they will be distributed based on an assessment of need as determined by the Sand Lake Ambulance grant representative. While the Sand Lake Ambulance does not discriminate, I agree to hold them harmless of any liability in regards to their assessment / decision of need.

Applicant's Signature

Office Use Only:

Date Received: _____

Approved or Declined

Comments: _____
