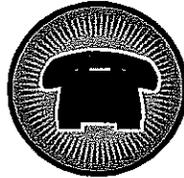




BERGEN COUNTY WELLNESS CHECK PROGRAM

(201) 336-7400



HOW THE PROGRAM WORKS

At approximate pre-specified hours, you will receive a free daily phone call from the Bergen County Wellness Check Program to check on your well-being. The call will begin with the following pre-recorded message: "This is a phone call from the Bergen County Wellness Check Program. Please press '1' if you are okay."

When you become a participant in the program, you will be asked to identify friends or family who may assist you in an emergency. When the system cannot make contact with you, it will call the relative or friend you have designated.

If your telephone line is busy or there is no answer, the system will call back one more time after four (4) minutes. If there is no answer or the line stays busy, your contact will automatically be notified to check on you.

The system will only respond to touchtone telephones or through a TTY, a device for the deaf and hard of hearing.

REGISTRATION

If you would like to enroll in this program, please complete the application and forward it to the address specified on the form. You will receive a phone call prior to your first call to let you know your application has been processed.

If you have any questions, please feel free to call the Division of Senior Services at **(201) 336-7400**

James J. Tedesco III
County Executive

BOARD OF CHOSEN FREEHOLDERS

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DEPARTMENT OF HUMAN SERVICES

Jane C. Linter - Director

Application for the Bergen County Wellness Check Program

Please complete the following application for the Bergen County Wellness Check Program.
You may either drop off or mail the application to:

**Bergen County Division of Senior Services
Attn: Wellness Check Program
One Bergen County Plaza, 2nd Floor
Hackensack, NJ 07601**

For questions and assistance, please contact us at:

201-336-7400

Your Name: _____

Address: _____

City: _____

Phone number: _____

Do you require a TTY (A device for the deaf and hard of hearing)? _____

Emergency Contact
Name: _____
Address: _____

Phone Number: _____

I prefer to receive phone calls on the following days: *(Check one)*

Every Day _____ Monday–Friday _____ Saturday–Sunday only _____

Other: _____

Time of day you would like to be called: _____ / _____ / _____ / _____

- I understand I am being scheduled to receive a call approximately at my designated time. If I do not answer the telephone, my designated emergency contacts will be called.
- I understand I am responsible for notifying the Division of Senior Services of any changes, whether temporarily or permanent, by calling **201-336-7400, Monday thru Friday 8:00 AM - 4:00 PM.**
- I acknowledge that the Bergen County Department of Human Services is providing this program as a convenience, and as such is not receiving any compensation.
- I recognize that the Bergen County Department of Human Services may, in its sole discretion, terminate this service at any time; but I will be given adequate notice of the Department's decision to terminate the service.
- I hereby release and hold harmless the County of Bergen, its agents, servants, and/or employees, individuals, the Bergen County Department of Human Services, from any and all claims for damages arising from a failure, for any reason, to provide the Bergen County Wellness Check Program.

Signature

Date