

*Simi Valley Hospital*



**Lifeline Applicant**

**Please return the completed  
application & fee to:**

**Simi Valley Hospital  
Lifeline Program  
2975 N. Sycamore Dr.  
Simi Valley CA 93065**

**You must have a landline phone (not just a  
cell phone) in order to get Lifeline.**

## **About the Lifeline Program**

The Simi Valley Council On Aging and Simi Valley Hospital and Health Care Services make the Lifeline Program possible. Equipment for this program has been made available partially through federal funds received from the United States Department of Housing and Urban Development (HUD). The Lifeline emergency response system is activated when a subscriber is alone and needs help. By pressing a button on the pendant or bracelet worn by the subscriber, a phone call is automatically made through the Lifeline Home Communicator Machine to the control unit at the Simi Valley Hospital Emergency Room or the Lifeline Central Monitoring Center.

In order to qualify for a machine, applicants must be senior citizens (aged 62 years or older) or eligible disabled persons, reside in Simi Valley, be in frail health and spend extended periods of time alone. Each applicant must have three people who could respond to an emergency call (see page 3 of application form). If an applicant has low or very low income (according to HUD guidelines), the cost is \$15 for participation in the Lifeline Program. Those applicants whose income exceeds the HUD guidelines will pay a modest fee of \$30.00 per month effective January 1, 2010. Checks are payable to "Simi Valley Lifeline".

## **Instructions for Applying for the Lifeline Program**

Application forms are available at the Simi Valley Senior Center, 3900 Avenida Simi, Simi Valley, CA 93063, or by calling 805.583.6363. Completed applications should be mailed to Simi Valley Hospital, Lifeline Program, 2975 N. Sycamore Dr., Simi Valley, CA 93065.

**The Review Committee must have a complete description of the applicant's circumstances in order to determine eligibility for the Lifeline program. The application must be signed by the subscriber only and accompanied by proof of applicant's household income, if the applicant is requesting the discounted monthly rate of \$15.00.**

Upon receipt, the Council On Aging's Lifeline Review Committee will review each application. After the committee has reviewed the application, the applicant will be notified by phone if he/she is eligible, not eligible, or if more information is needed. If the application is approved an appointment will be made by the Lifeline Installer who will install the Lifeline machine in the home and explain in detail how the program works.

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APPLICATION FOR THE LIFELINE PROGRAM

Name \_\_\_\_\_ Home Phone Number \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Cell Phone Number \_\_\_\_\_ e-mail address \_\_\_\_\_

Another person who can provide additional information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone(s) \_\_\_\_\_

Who told you about the Lifeline Program? \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

What is your date of birth? \_\_\_\_\_

How many people are in your household? \_\_\_\_\_

Do you use a cane? Yes\_\_\_ No\_\_\_

Do you use a walker? Yes\_\_\_ No\_\_\_

Do you use a wheelchair? Yes\_\_\_ No\_\_\_

Can you walk without help? Yes\_\_\_ No\_\_\_

Do you Speak English? Yes\_\_\_ No\_\_\_

If not, what language are you fluent in? \_\_\_\_\_

Do you own your home or rent? \_\_\_\_\_

Do you receive help at home for cooking, housework, or personal care?

Specify \_\_\_\_\_

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Do you receive services provided by a Social Services Program? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Program? \_\_\_\_\_

Do you have any physical disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you seen a doctor recently for ongoing medical problems? Yes \_\_\_ No \_\_\_

Please give details. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you had a medical emergency recently that required help? Yes \_\_\_\_\_ No \_\_\_

Please give details. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why do you want a Lifeline Home Communicator Machine? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## RESPONDER INFORMATION-REQUIRED FOR LIFELINE PROGRAM

You will need three responders who can help you if there is an emergency. These should be people who live within a short travel distance of your home. Please fill in the following blanks:

### Responder # 1:

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ email address \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Responder # 1 is: \_\_\_\_\_ a relative; or \_\_\_\_\_ a neighbor; or \_\_\_\_\_ a friend

(If a relative-how related \_\_\_\_\_)

Do they have a key: \_\_\_\_\_

### Responder # 2:

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ email address \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Responder # 2 is: \_\_\_\_\_ a relative; or \_\_\_\_\_ a neighbor; or \_\_\_\_\_ a friend

(If a relative-how related \_\_\_\_\_)

Do they have a key: \_\_\_\_\_

### Responder # 3:

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ email address \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Responder # 3 is: \_\_\_\_\_ a relative; or \_\_\_\_\_ a neighbor; or \_\_\_\_\_ a friend

(If a relative-how related \_\_\_\_\_)

Do they have a key: \_\_\_\_\_

### Nearest Relative:

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ email address \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Primary Care Doctor:** \_\_\_\_\_ **Office phone:** \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Additional Information required:**

Do you have caller ID or call screening on your phone? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have more than one phone line? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a computer? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a DSL computer phone line? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your phone operate through your computer (VOIP system)? Yes \_\_\_\_\_ No \_\_\_\_\_

Lifeline units (subject to availability) are provided at a discounted rate to seniors who meet the Low or Very Low HUD income criteria.

There is a one-time \$10 data entry fee required for each application for Lifeline service.

I am a low-income senior and will provide the following information to determine my eligibility for a \$15 monthly cost machine:

I am a single, female head of household: Yes\_ No\_\_\_\_

I am a single, male head of household: Yes\_ No\_\_\_\_

The gross annual income for my total household is: \$ \_\_\_\_\_

**(Attach a copy of last year's tax form or two recent bank statements to verify total household income)**

OR

I understand and am willing to pay \$30 per month for Lifeline service.  
(I will receive in the mail monthly an invoice and a self addressed envelope to make my payments.)

HUD requires that all organizations allocated CDBG funds collect race and ethnicity data.			
RACE	Select One	and	Hispanic Ethnicity (If applicable)
White			
Black/African American			
Asian			
American Indian/Alaskan Native			
Native Hawaiian/Other Pacific Islander			
American Indian or Alaskan Native AND White			
Asian AND White			
Black/African American AND White			
American Indian/Alaska Native AND Black/African American			
Other			

The City of Simi Valley is only supplying to Simi Valley Hospital the names of persons requesting installation and use of the Lifeline machines and the applicant acknowledges, by signing this form, that the City does not assume any liability or responsibility for any damage, injury or death which may be caused by the supplying or non-supplying of any home communicator equipment or by any failure of the equipment or any act or omission relating to performance of any services by the hospital. The applicant hereby agrees to indemnify, hold harmless and defend the City of Simi Valley, Members of its City Council, its officials, officers, boards, commissions, agents, and employees against all claims, suits, losses, damages and costs, including, but not limited to, court costs and reasonable attorneys' fees, on account of any injury or damage, including death, incurred by applicant or anyone else as a result of the supplying, non-supplying, operation or non-operation of any equipment or any act or omission relating to the performance of service by the hospital.

I have read and understand the hold harmless clause. I also certify that the foregoing application information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
 Signature  
 (Must be signed by subscriber)

\_\_\_\_\_  
 Date

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# Lifeline Application Instructions

## Check off each item and return list with your application

- \_\_\_ Be sure to sign your application on page 7
- \_\_\_ Print all information clearly
- \_\_\_ Attach one of the following:
  - A copy of your prior year's income tax form
  - Or copies of two recent bank statements showing your sources of income
  - Or a copy of your social services intake form
- \_\_\_ If more than one person lives in your household, be sure income information is for all members
- \_\_\_ Provide the complete names, addresses, and all phone numbers for each of your three responders on page 4
- \_\_\_ Attach \$10.00 date entry fee (one-time fee). Please make checks payable to "Simi Valley Lifeline"

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**For questions, please call: 805.955.6954**