



700 South Park Street | Madison, Wisconsin 53715 | (608) 251-6100 | www.stmarysmadison.com

Thank you for your inquiry into St. Mary's Home Help Monitoring program. This program is a 24-hour emergency response system which provides you with the needed security and support that will enable you to remain independent in your own home.

Each subscriber has a communicator unit attached to the telephone and a portable help button to wear. This button is pushed when help is needed and the two-way communication between you and the Response Center is immediately activated. The trained staff are able to talk to you directly through a powerful built-in speaker phone. St. Mary's systems offer hands free communication with the push of the personal help button. The trained staff call you back on the phone, if you are unable to answer, your responders will be called to assist you.

There is a one-time installation charge of \$35 for all systems. The monthly monitoring fee is \$43 for our voice unit. Golden Care members receive a \$4 monthly discount. If there is more than one phone in your home, you may elect to have the telephone company install a RJ31X jack that will allow the emergency call to go through even if a phone is off the hook. This would be done at your own expense.

Enclosed is an application form and subscriber agreement for you to complete and return to St. Mary's in the postage-paid envelope provided. After receiving your application, I will contact you to schedule a time and date for the installation. If you have any questions, please feel free to contact me at 608-258-6747 or Fax 608-258-5623.

If you are interested in becoming a Golden Care member, the enclosed application can be completed and returned with your Home Help Monitoring application.

Sincerely,

Dennis Leonard
Home Help Monitoring Coordinator

Rev. 04/08

ST. MARY'S HOME HELP MONITORING APPLICATION

(If you need help in filling out this application, feel free to call us at 258-6747 and we will help you.) Fax: 608-258-5623.

1. Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Date of Birth: _____

Bill to: Client Y N Other: _____

Referred by: _____

2. Physician's Name: _____

Address: _____

Phone: _____

Hospital Preference: _____

3. Do you have any physical disabilities that interfere with your activities:

Poor Eyesight _____ Poor Hearing _____ Speech Problems _____

Other _____

4. Do you use any supportive devices:

Cane _____ Walker _____ Wheelchair _____ Hearing Aid _____ Oxygen _____

5. Do you have any physical problems or chronic illnesses:

Heart Trouble ___ Fainting Spells ___ High Blood Pressure ___ COPD ___

Other Conditions _____

6. Are you allergic to any medications: Yes ___ No ___

If yes, specify what kind _____

7. Who is your next of kin: _____

Address: _____

Phone: _____

Relationship: _____

8. Should we contact you, the client, to make the installation appointment?

If no, please provide the Name and Phone Number of the person you would like us to contact to make the installation appointment.

___ Yes

___ No _ Contact Name: _____

_____ Contact Phone: _____

9. To set up St. Mary's Home Help Monitoring system we need the names of three (3) people who would respond if you needed help, preferably someone nearby such as a neighbor, friend or relative. (Please get the approval of these responders beforehand since they will need a key or know of some way to enter your home should you be unable to answer the door.)

First Responder:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: (home) _____ (work) _____ (cell) _____

Relationship: _____ Key to home: Yes ___ No ___

Second Responder:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: (home) _____ (work) _____ (cell) _____

Relationship: _____ Key to home: Yes ___ No ___

Third Responder:

Name: _____

Address: _____

City: _____ State _____ Zip _____

Phone: (home) _____ (work) _____ (cell) _____

Relationship: _____ Key to home: Yes ___ No ___

*** You may have as many responders as you want.

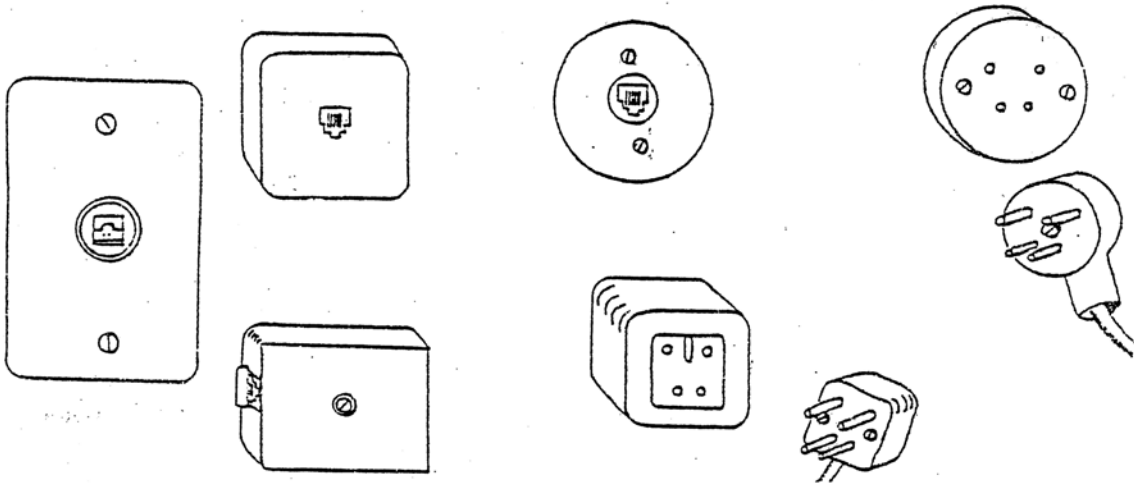
10. How is your telephone plugged into the wall?

- A. A plastic clip _____
- B. Wired directly into the wall _____
- C. A 4-pronged attachment _____

11. Please circle the diagram below that resembles the way your phone connects into the wall:

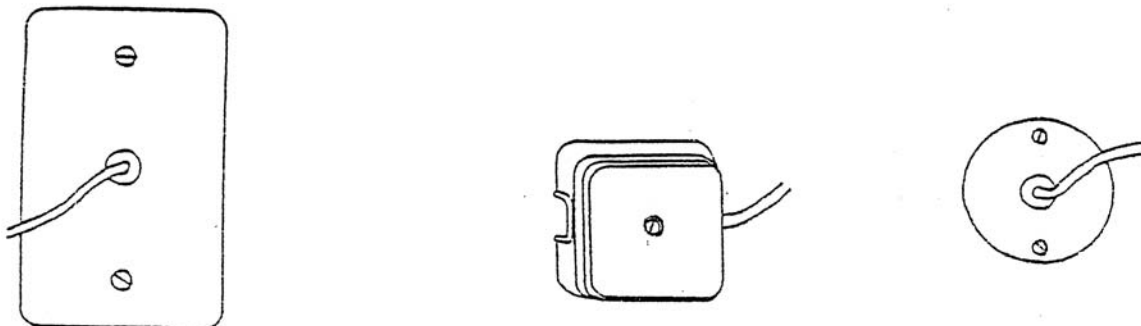
A. Phone may be disconnected from the wall outlet by pinching a small plastic clip:

Phone Plugs In and Out of the Wall Outlet



B. Phone enters wall outlet with a single cord which cannot be disconnected from the wall:

Phone Attached to Wall Outlet



Please mail this information to us in the enclosed envelope. We will call you to set up an installation date at your convenience.

Explanation of Line Seizure

In homes where there are multiple phones, the possibility of having a phone receiver “off the hook” is greater. The Home Help Monitoring system depends upon being able to dial the Emergency Response Center at all times. This cannot be done if another phone in the home is off the hook. To provide greater security, we suggest you make arrangements with your local telephone company to install an RJ31X jack on the phone you want the Home Help Monitoring system connected to. This would be done at your expense. This “line seizure” insures that the Home Help Monitoring system can dial in even if another phone in the house is “off the hook.”

I have read the above explanation of the telephone wiring modification for line seizure.

_____ **I will arrange for wiring modifications by having the phone company install an RJ31X before Home Help Monitoring is installed by St. Mary’s.**

_____ **I understand that all my phones have to be “on the hook” in order for Home Help Monitoring to work properly and have decided not to have further wiring done.**

Signature _____ **Date** _____