

Livingston Police Department



Daily Reassurance Program

The Daily Reassurance Program is a free service for seniors or people with special needs living alone where a computerized system (Swiftreach) will automatically telephone their residence on a daily basis to ensure their well-being. The call will be placed at the same time each day. You will receive the following message: "This is the Livingston Police Department. If you are okay, press 1; if you need help, press 2." If you press the number 2 or fail to press any number, your emergency contact will be called. An emergency contact may be a family member, friend, or neighbor. If no one is available to be a contact, the police department may be used, if approved by the Chief of Police.

Once registered for the service, you agree that you will be available to receive the call daily at the predetermined time. Please advise the police department's Community Policing Unit at (973) 992-3000 extension #3600 if you will be away from your residence and will not receive your call due to a vacation. Please do this on a Monday through Friday at least 48 hours prior to the dates of your absence. Due to the computer software involved, if you will only be away for one day, please advise your emergency contact ahead of time so that they may disregard the emergency call when they receive it. If there is a day of the week when you will always be away from home, the system can be programmed not to call on that day of the week.

If the phone is not answered, the system will automatically try to call you 4 more times before contacting the emergency contact. If you miss the phone calls and there is no emergency, please call your emergency contact as soon as possible to advise them that there is no emergency. If there is an emergency, your emergency contact will be prompted to contact the Livingston Police Department at (973) 992-3000.

Please note the following important information:

- It is imperative to understand that this service is not intended to take the place of the Lifeline, Life Alert, or any similar services which a person is now using. This is only meant to check on your wellbeing - if you have an emergency, please call 911 for immediate assistance.
- We encourage all subscribers to also enroll in our Blue Star Program. This is a program where a key to your house is kept in a secure location at police headquarters (and also with your neighbor, if desired) so that access can be quickly gained to your residence when needed in an emergency. This way if we are contacted by your emergency contact to do a welfare check, we will be able to gain access to your home without having to force entry if no response is received.

Please print all information with the exception of signature.

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Date of birth: _____ Sex: M / F

Phone number to be called by monitoring system: _____ Please choose one: Landline / Cell

What time would you like your call to be placed on a daily basis?

Are there any days of the week when you do not want to receive a call? _____

Family member or friend to be contacted in case of emergency:

Name: _____ Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____

Phone number to be called for emergency notification: _____ Please choose one:

Are you enrolled in Livingston Police Department's Blue Star program? Yes No

Is a key to your home hidden on the premises? Yes / No

If yes, location:

Does anyone else have a key to your home? Yes / No If yes, please fill out the following information:

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Please list the applicant's known medical problem(s), so that if they are incapacitated the Emergency Medical Service personnel understand their medical history prior to treatment:

Please list all medications (with dosages) that the applicant is currently taking on a regular basis:

Applicant's Physician: _____ Phone: _____

Address: _____

Signature: _____ Date: _____

If not applicant, print name: _____

Relationship to applicant: _____

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Waiver Form

This waiver releases and holds harmless the Livingston Police Department against any claim in relation to service received through the Daily Reassurance Program.

The subscriber acknowledges that the Livingston Police Department is providing the Daily Reassurance Program as a public service at no charge. The subscriber recognizes that the Livingston Police Department may, in its sole discretion, terminate this service at any time. The subscriber also acknowledges that technical problems or human error may result in a failure of service at any time. In consideration of these factors, the subscriber hereby waives claim arising from failure, for any reason, to provide the services contemplated in this agreement. The subscriber further agrees to waive, release and hold harmless the Livingston Police Department against any claim for direct, incidental, or consequential damages arising from any act or omission of the Livingston Police Department, its volunteers, agencies or employees, in connection with this program.

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Subscriber signature: _____ Date: _____

If not subscriber, print name: _____

Relationship to subscriber _____

Witness signature: _____ Date: _____

Print name: _____