

# Sand Lake Ambulance

## Advanced Life Support

P.O. Box 222 – 3643 NY 43  
West Sand Lake, NY 12196  
Phone 518.674.2221 Fax 518.674.1096

### 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: \_\_\_\_\_

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