



DuPage County Sheriff's Office R911 Guardian Program

The DuPage County Sheriff's Office R911 Guardian Program is a computerized telephone call system used by the Sheriff's Office to provide residents of DuPage County who meet program qualifications the reassurance of knowing their well-being will be checked on a regular basis.

WHO QUALIFIES?

- Any DuPage County resident 62 years of age and over who lives alone or with a person who has a disability.
- Any DuPage County resident who has a disability and requires daily contact to ensure their welfare.
- **THE R911 PARTICIPANT MUST HAVE THE CAPABILITY TO PUNCH DIGITS ON THEIR TELEPHONE KEYPAD.**

WHAT INFORMATION DO I NEED TO PROVIDE?

Basic information about yourself, your medical and doctor information, days and times you wish to receive your calls and the contact information of a relative or neighbor who can access your home if we are unable to reach you.

WHEN WILL I BE CONTACTED?

The program is designed to meet your needs. You will be contacted on the days and times you have chosen. **It is very important to notify the Sheriff's Office at 630-682-7256 if the participant will be unable to receive their phone call. (i.e., vacation, doctor appointments, out for the day, etc.)**

HOW DO I BECOME A PARTICIPANT?

Any DuPage County resident who would like to become a participant must fill out the attached application and contact the Sheriff's Office at 630-682-7256

WHAT HAPPENS AFTER I AM ENROLLED?

Your calls will start on the days and times you have chosen. You will receive your call and then must enter your four (4) digit passcode to verify that you are alright. If you do not respond, the dispatcher will attempt to contact you. If still unsuccessful, the designated relative or neighbor will be contacted. If no contact is made, a deputy will be sent to the residence to check on your well-being.

This program is free of charge to all DuPage County residents who qualify.



DuPage County Sheriff's Office R911 Guardian Program Application

Name _____ Date of Birth _____

Address _____

City _____ Phone # _____

Emergency Contact Information

Relative's Name _____ Phone # _____

Address _____ City _____

Neighbor's Name _____ Phone # _____

Address _____ City _____

In the event of an emergency, who would you like us to contact?

Name _____ Phone # _____

Medical Information

Doctor's Name _____ Phone # _____

List any medical conditions you are being treated for _____

Are you allergic to any medications? Yes _____ No _____

If yes, please list all medications _____

Any additional information that would be helpful in an emergency

Call Request Information

Sun _____ Mon _____ Tues _____ Wed _____ Thu _____ Fri _____ Sat _____

Time of day you wish to be called _____

Choose your easy to remember 4 digit passcode _____

Please review and sign the release/disclaimer on next page



DuPage County Sheriff's Office R911 Guardian Program Release/Disclaimer

The program participant, by their signature below, understands that this program is provided by the DuPage County Sheriff's Office through the utilization of electronic equipment, computer equipment, computer software, telephone equipment, radio communication equipment and human operators, all of which are subject to error from time to time due to acts of god, equipment failure, workforce limitations, programming error and/or human error. With this in mind, and in consideration of being allowed to participate in the limited program, the participant on behalf of themselves, their heirs, assigns and personal representatives, hereby unconditionally releases and agrees not to sue the County of DuPage, its elected officials, employees, agents, servants, contractors and service providers (the county's affiliates collectively) for any and all injuries, actions, suits, liabilities, damages, claims and causes of action that in any way arise directly or indirectly from their participation in the R911 Guardian Program provided by the DuPage County Sheriff's Office, regardless of the negligence of the County of DuPage or County's affiliates.

Participant _____ Date _____
(Please Print)

Participant's Signature _____

Witness _____ Date _____

Please send the completed application and signed release/disclaimer to

**DuPage County Sheriff's Office
501 N. County Farm Rd.
Wheaton, IL 60187**