



Longmont Meals on Wheels Lock Box Program
In partnership with Longmont Fire Department



LOCK BOX PROGRAM APPLICATION

LAST NAME: _____ FIRST NAME: _____

HOME STREET ADDRESS: _____

_____ Owner / Resident _____ Resident only - Complex Name _____

Management phone # _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____

REASON FOR APPLICATION (check all that apply):

- _____ I am a Longmont resident who is 65 or older _____ I am Homebound
- _____ I live alone, or am alone on a frequent basis. _____ I have Limited Mobility
- _____ I have a medical condition that is potentially incapacitating
- _____ Other _____

File of Life: Y / N Life Alert Alarm: Y / N Home Alarm: Y / N Pets: No / Dogs / Cats

EMERGENCY CONTACT INFORMATION:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Home Address: _____ Home Address: _____

Phone number: _____ Phone Number: _____

CONDITIONS

Under **The Lock Box Program**, the undersigned has voluntarily agreed to participate in the program and assumes full responsibility for providing the correct key at all times. Once the lock box is installed, Longmont Meals on Wheels, fire, police and EMS personnel can only use the lock box to gain access to the undersigned's home after being summoned to the home for emergency purposes. The undersigned authorizes and voluntarily consents to emergency personnel entering the premises listed here. The undersigned authorizes and voluntarily consents to emergency personnel exercising their discretion to gain entry to the undersigned's home by the fastest means possible, however, emergency personnel will use their best efforts to utilize the lock box when the time and situation permit. In the event of a time sensitive situation (i.e., medical emergency, fire or home invasion), or malfunction of the lock box, emergency personnel may not be able to, nor have time to utilize the lock box system.

After review and acceptance of the application, the lock box will be delivered to the residence by the Longmont Fire Department where the house key will be placed in the lock box and locked. The key will be secured by attaching the lockbox to your home.

Please return application to Longmont Meals on Wheels, 910 Longs Peak Ave, Longmont, CO 80501

EACH RESIDENT (Over the age of 18 years) AT THE HOME ADDRESS LISTED ABOVE IS REQUIRED TO SIGN AND DATE THIS AGREEMENT.

Signature of Program Participant

Signature of Additional Adult Resident

Printed Name of Program Participant

Printed Name of Additional Adult Resident

Date

Date

PLEASE NOTE:

If the lock box is no longer needed or the key to your home changes, please call Longmont Meals on Wheels (303) 772-0540, so that we can remove or change the key placed in the box.



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INTERNAL USE ONLY

NAME: _____

ADDRESS: _____

PHONE: _____

Lock Box #: _____ Key Combination _____

Lock Box Location: _____

Entered into CAD Date: _____ Signature/ID: _____