

STANFORD LIFELINE

An In-Home Medical Alert Service for You

WHAT IS LIFELINE?

Lifeline is the medical alert service that helps independent older adults and individuals with chronic medical conditions feel more confident to live safely in their own home. Lifeline provides prompt, caring help and is available at the press of a button, 24 hours a day, 365 days a year. Lifeline provides reassurance and an increased sense of security for both the subscriber and family members.

HOW DOES LIFELINE WORK?

When you need help, a simple press of the help button worn around the neck or on the wrist activates a call to the Lifeline Response Center. Trained personnel will assess your situation, will summon the help of a neighbor, loved one or emergency services based on your needs, and will follow up to confirm that help has arrived. We need access to a telephone jack with an electrical outlet close by for Lifeline to be installed (the jack and plug must be easy to reach as we are unable to move heavy furniture).

HOW CAN I REACH STANFORD LIFELINE?

You can reach the Lifeline office at Stanford Hospital, Monday through Friday, 8:30 am – 4:30 pm at **650-723-6906**. Lifeline is open to the community as part of Stanford Hospital's Aging Adult Services; you do not need to be a hospital patient or an older adult to obtain this service. Stanford Lifeline's service area covers Redwood City through Mountain View. Mail or fax the completed application to Stanford Lifeline; you will be contacted for an installation date.

HOW MUCH DOES IT COST?

The basic service has a one-time installation charge of \$50 and a monthly service fee of \$40 for individual users. The charges for 2 users in the same home are \$60 for installation and \$45 a month. Stanford Lifeline offers reduced rates to those in financial need. Ask about our enhanced services: Auto Alert that detects a fall and calls for help when the subscriber cannot push their button; the easy-to-use cordless phone communicator unit; and the voice extension.

Call Stanford Lifeline at **650-723-6906** for details and costs.

Advance Health Care Directive
Caregiver Support Program
Checking-In™
Chronic Disease Self Management
Dementia Support Program
Geriatric Health Services
Geriatric Out-Patient Clinic
and Consult Service
In-Patient Delirium Consult Service
Lifeline
Medication Assessment
Strong for Life
Vial of Life

Stanford Lifeline Application

Send completed application to: 300 Pasteur Drive, HC005
Palo Alto, CA 94305-5279 or Fax to: 650-736-4186
Call us with questions: 650-723-6906

Name (Mr., Mrs., Ms., Dr.): _____

Lifeline Application Date: _____ Birth Date: _____

Address: _____ City: _____

Home Phone: _____ Zip Code: _____

Nearest Cross Street: _____

Hidden Key Location: _____

Please check all that apply:

Type of home setting:
Apt/Condo ___ Single level home ___ Multi level home ___ Large property ___

Type of home telephone service:
Traditional (analog) ___ Cable (digital) ___ Internet (VoIP) ___

Primary Physician: _____

Address: _____

City: _____ Zip Code: _____ Phone: _____

Hospital Preference: _____

Health conditions and medical concerns:

Any drug allergies: _____

Referred by: _____

EMERGENCY RESPONDERS

A *Responder* is someone who lives close by and will come to your home when called by the Lifeline Response Center to assist you in an emergency. Your local emergency services will be dispatched if no responders are available or if you have no responders listed below.

1) Name: _____ Relationship: _____
Address: _____ City _____ Zip _____
Phone: Home _____ Work _____ Cell _____
Has a key to your home? Yes ___ No ___ Also Notify? Yes ___ No ___

2) Name: _____ Relationship: _____
Address: _____ City _____ Zip _____
Phone: Home _____ Work _____ Cell _____
Has a key to your home? Yes ___ No ___ Also Notify? Yes ___ No ___

3) Name: _____ Relationship: _____
Address: _____ City _____ Zip _____
Phone: Home _____ Work _____ Cell _____
Has a key to your home? Yes ___ No ___ Also Notify? Yes ___ No ___

NOTIFYEES

A *Notify* is someone Lifeline will call immediately after you have been assisted to inform them of the emergency. A Responder may also be a Notify.

1) Name: _____ Relationship: _____
Phone: Home _____ Work _____ Cell _____
2) Name: _____ Relationship: _____
Phone: Home _____ Work _____ Cell _____

Who will be responsible for the charges if not the subscriber?

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____