

Are You O.K.?® Field Interview Form

Phone:	Date:	Time to Call:	Service Number:
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NOTE: Applicants must use their 911 address. If unknown, please let us know and we will obtain it for you. 607-746-2336

Subscriber Name and Address:	Doctor and Clergy:
Last Name _____ First Name _____ M.I. _____ Street Address _____ Apt. Bldg. Name _____ Apt. # _____ City _____ State _____ Zip Code _____	Doctor's Name _____ Doctor's Phone _____ Clergy's Name _____ Clergy's Phone _____

In Case of Emergency, Notify:	
Last Name _____ First Name _____ M.I. _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____	Last Name _____ First Name _____ M.I. _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____

Next of Kin:	
Last Name _____ First Name _____ M.I. _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____	Last Name _____ First Name _____ M.I. _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____

Key on Premises?	Location:
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Keyholder:	
Last Name _____ First Name _____ M.I. _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____	Last Name _____ First Name _____ M.I. _____ Street Address _____ City _____ State _____ Zip Code _____ Phone Number _____

Pets?	Type and Location:
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Live Alone?	Co-Residents:
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Medical History

Able To Walk?	List Physical Impairments:
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Location of Medical History:

Remarks
