RAISETOWN Care Connect

1301 Mount Vernon Avenue
Huntingdon, PA 16652
Phone: 814-643-5724
Fax: 814-643-6085
www.RAISEtowncareconnect.org

Personal Emergency Response System (PERS)

Intake Paperwork

Client Identification Information

Full Name of Client: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

_____ Sex: _____ DOB: _____

Referral Source: _____ Phone: _____

List of Household Members:

_____ Relationship: _____ Phone: _____

_____ Relationship: _____ Phone: _____

_____ Relationship: _____ Phone: _____

Doctor Information:

Practice: _____ Phone: _____

Primary Doctor: _____

Primary Medical Diagnosis: _____

Has the client obtained a prescription: Yes/No

Have you contacted the doctor to get the required prescription: Yes/No

Do you give permission to RCC to contact your doctor's office? Yes/No

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Confidentiality: Protection of your information is important to RAISEtown Care Connect. Employees are prohibited from sharing your information unless it is related to service provision or you have authorized the release of information. RCC Staff are mandated reports are elderly abuse and are required by law to report any suspicions of abuse. You may list below any individuals or agencies with whom information may be shared:

Emergency Contact (PERS Contact):

- **Name: _____ Relationship: _____**

  Phone: _____

Power of Attorney (if applicable):

- Name: _____ Relationship: _____

  Phone: _____

Case Manager (if applicable):

- Name: _____ Agency: _____

  Relationship: _____ Phone: _____

Additional Contacts

- Name: _____ Agency: _____

  Relationship: _____ Phone: _____

- Name: _____ Agency: _____

  Relationship: _____ Phone: _____

Personal Emergency Response Service Agencies

Automated Security Alert, Inc. (STAAR Alert)	VRI (Valued Relationships, Inc.)	Alert1 Medical Alerts
Phone: 800-338-7114	**Phone:** 800-860-4230	**Phone:** 800-693-5433
Main Office: Munhall, Pennsylvania (Pittsburgh area)	**Corporate Office:** Southfield, Michigan	**Headquarters:** Williamsport, Pennsylvania
Features / Strengths • Local Pennsylvania presence • In-home and mobile PERS options • Fall detection available • Medication management options • Emphasis on personalized/local service • Experience working with waiver and community programs	**Features / Strengths** • 24/7 monitoring • Mobile GPS systems available • No landline required for many devices • Fall detection options • Long battery life • Remote monitoring technology experience • Large national infrastructure	**Features / Strengths** • Affordable in-home systems • Mobile GPS options available • Fall detection available • Waterproof wearable buttons • Multilingual support • Strong focus on senior independence

Do you have a preferred Agency: _____

Participant Financial Responsibility Agreement

The participant and/or legally authorized representative understands and agrees that:

- RCC funding for PERS services is limited and subject to continued program availability and approval.
- The participant may be responsible for payment of services not authorized or covered by RCC.
- The participant agrees to notify RCC immediately of:
  - Changes in insurance coverage
  - Hospitalization or nursing facility admission
  - Relocation or address changes
  - Discontinuation of services
  - Equipment removal or non-use
- The participant may be responsible for costs associated with:
  - Lost equipment
  - Intentionally damaged equipment

    - Unreturned equipment
    - Unauthorized service upgrades or add-on features requested directly from the provider
- RCC reserves the right to discontinue funding if eligibility requirements are no longer met or funding becomes unavailable.
- If RCC funding ends or services are denied, the participant may choose to continue services privately at their own expense, directly with the provider agency.
- The participant authorizes RCC to communicate with the selected provider regarding service coordination, billing, equipment status, and ongoing eligibility for services.

****RAISEtown Care Connect (RCC) pays for this service but does not install, set up, or service the devices. Upon receipt of the completed intake packet and a doctor's prescription, RCC will submit a referral to the selected provider. The provider will then contact the client and/or designated emergency contact to discuss equipment needs and delivery options.**

By signing below, I acknowledge understanding and accept this service agreement.

Signature of Client: _____ Date: _____

Signature of RCC Staff: _____ Date: _____