



1301 Mount Vernon Avenue
Huntingdon, PA 16652

Phone: 814-643-5724

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www.RAISEtowncareconnect.org

Personal Emergency Response System (PERS) Intake Paperwork

Client Identification Information

Full Name of Client: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Sex: _____ DOB: _____

List of Household Members:

_____ Relationship: _____ Age: _____

_____ Relationship: _____ Age: _____

_____ Relationship: _____ Age: _____

_____ Relationship: _____ Age: _____

Doctor Information:

Practice: _____ Phone: _____

Primary Doctor: _____

Prescription Received: Yes/No

Medical Diagnosis: _____

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 (example: doctor, Case Manager, family members, household members, etc.) with whom information may be shared:

Emergency Contact:

• **Name:** _____ **Agency:** _____

Relationship: _____ **Phone:** _____

• **Name:** _____ **Agency:** _____

Relationship: _____ **Phone:** _____

• **Name:** _____ **Agency:** _____

Relationship: _____ **Phone:** _____

• **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 <ul style="list-style-type: none"> • 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 <ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Features / Strengths • Affordable in-home systems • Mobile GPS options available • Fall detection available • Waterproof wearable buttons • Multilingual support • Strong focus on senior independence

Selected 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.
-

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

Signature of Client: _____ **Date:** _____

Signature of RCC Staff: _____ **Date:** _____