



## **OCEAN TOWNSHIP POLICE DEPARTMENT**

### **PROJECT "LIFE LINE"**

The Ocean Township Police Department announces the following Public Service available to our Senior Citizens and those that are physically disabled.

Project "LIFE LINE" is a program initiated by the Ocean Township Police Department for the many Senior Citizens and physically disabled residents of Ocean Township who live alone.

#### **How the program works**

The resident will be required to telephone Ocean Township Police Department every morning before 10:00 a.m. to let us know that all is well. If the resident has not called in by 10:00 a.m., Ocean Township Police Department Communications personnel will place a call to that resident. If there is no answer, a police officer will be dispatched to the residence to check on that citizen's well-being.

When the police officer responds to the residence and the Life Liner does not answer the door the officer will access the residence through a secure method and render assistance if needed to the resident.

This program is very effective for those who are ill, injured or disabled and live alone regardless of age and would like to be checked on.

For additional information and/or applications, contact Lt. Scott Murphy of the Ocean Township Police Department at (609) 693-4007 ext 307 or via email at [SMurphy@twpoceannj.gov](mailto:SMurphy@twpoceannj.gov)



# PROJECT "LIFE LINE"

## APPLICATION



Please answer all fields. Any fields that do not apply enter N/A  
(DO NOT LEAVE ANY FIELDS BLANK)

### **Your information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

### **Relative or friend to be notified in case of an emergency:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

### **Medical Information:**

Doctor's Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_

List any special medication(s) you require.

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List any medical condition(s) and important information which we should be aware of:

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**LIABILITY RELEASE:**

In consideration of my participation in *Project "Life Line"*, the undersigned, to the fullest extent permitted by law, hereby agrees for the undersigned and the undersigned's heirs and representatives, to indemnify and hold harmless the Township of Ocean and their respective employees, officers, and attorneys from and against any and all claims, suits, judgments, losses, damages, personal injuries (including but not limited to death), or liability (including reasonable attorney's fees), directly or indirectly arising from or in connection with the undersigned's participation in the *Project "Life Line"*. The undersigned acknowledges and agrees that the undersigned's participation in the *Project "Life Line"* is voluntary and that said Program is being offered only as a courtesy. I also understand and agree *Project "Life Line"* is not intended in any way whatsoever to create or impose a special duty on the Ocean Township Police Department or Township of Ocean and their respective employees, officers, and attorneys regarding the undersigned's safety or well-being.

**CONDITIONS:**

Under the *Project "Life Line"*, 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, police personnel can only use the lock box to gain access to the undersigned's home after being summoned to the home for emergency purposes. In the event of a time sensitive situation (e.g. medical emergency, fire, home invasion, etc.) or malfunction of the lock box, fire and police personnel may not be able to, nor have the time to, use the lock box system. In those situations, the undersigned agrees that emergency personnel shall have the right to exercise their discretion and gain entry to the undersigned's home for the fastest means possible. However, emergency personnel will use their best efforts to utilize the lock box when time and the situation permits.

\_\_\_\_\_ I UNDERSTAND THAT PROJECT "LIFE LINE"'S IS NOT A "LOCK OUT SERVICE" FOR ME, MY FAMILY OR MY FRIENDS. ONLY EMERGENCY PERSONNEL AND ACTUAL PARTICIPANTS WILL BE GRANTED ACCESS AND EXCESSIVE REQUEST FOR NON-EMERGENT ACCESS WILL RESULT IN TERMINATION OF MY PARTICIPATION IN PROJECT "LIFE LINE" AND WILL RESULT IN THE REMOVAL OF THE LOCK BOX.

**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 Participating

Signature of Program Participant

\_\_\_\_\_  
Program Participant (Please Print)

\_\_\_\_\_  
Program Participant (Please Print)

\_\_\_\_\_  
Signature of Program Participant (Please Print)

\_\_\_\_\_  
Signature of Program Participant (Please Print)

Date: \_\_\_\_\_

*PLEASE NOTE: If the Lockbox is no longer needed or the key to your home changes, please call the Program Coordinator at (609) 693-4007 so that we can remove it or change the key placed in the Lockbox. Thank you.*

**NOTARY PUBLIC:**

Sworn and Subscribed before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
PRINT NOTARY PUBLIC

MY COMMISSION EXPIRES: \_\_\_\_\_

**Internal Use Only**

**Entered into CAD Date** \_\_\_\_\_ **Signature/ID** \_\_\_\_\_