



Cochise County Sheriff Department

Are You Okay & Vulnerable Population Database Registration

Person To Be Registered:

Last Name: _____ First: _____ MI: _____

Sex: _____ Race: _____ DOB: _____

Home Address: _____

Apt #: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Primary Email Address: _____

Ethnicity: _____ Height: _____ Weight: _____ Complexion: _____

Build: _____ Hand (L/R): _____

Hair: _____ Hair Style: _____ Eyes: _____

Occupation: _____ Employer: _____ Employer

Address: _____ What floor do you live on _____

Do you live in a mobile home? _____ If yes, what is the complex name? _____

Are you a seasonal resident? _____ If yes, what months are you here? _____

I wish to have the Are You Okay System Contact me: _____ Daily (or pick days)

_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday

And, the system should contact me at _____ : _____ (_____ am / _____ pm)

In the event that I do not answer the Are You Okay? call at the date(s) and time I indicated above, I authorize the Sheriff's Office to send a law enforcement officer to check on my well-being. I further authorize the listed people to be contacted, to check on my welfare or offer further assistance or aid:

Primary Contact:

How Related: _____

Last Name: _____ First: _____ MI: _____

Sex: _____ Race: _____ DOB: _____

Home Address: _____

Apt #: _____ City: _____ State: _____ Zip: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Primary Caretaker Email Address: _____

_____ Ethnicity: _____

Height: _____ Weight: _____ Complexion: _____

Build: _____ Hand (L/R): _____ Hair: _____

Hair Style: _____ Eyes: _____

Occupation: _____ Employer: _____ Employer

Address: _____

Secondary Contact:

How Related: _____

Last Name: _____ First: _____ MI: _____

Sex: _____ Race: _____ DOB: _____

Home Address: _____

Apt #: _____ City: _____ State: _____ Zip: _____ Home Phone: _____
Work Phone: _____ Cell Phone: _____

Primary Caretaker Email Address: _____

_____ Ethnicity: _____
_____ Height: _____ Weight: _____ Complexion: _____

Build: _____ Hand (L/R): _____ Hair: _____

Hair Style: _____ Eyes: _____

Occupation: _____ Employer: _____ Employer Address: _____

Detail for Person to be Registered :

Check applicable medical disabilities:

____ Legally Blind ____ Deaf ____ Sign Language/ASL ____ Terminal ____ Contagious Disease

Specify other chronic medical disabilities:

____ ADHD ____ Autism/Asperger's Syndrome ____ Alzheimer's Disease ____ Brain Injury
____ Down Syndrome ____ Cerebral Palsy ____ Diabetic ____ Epilepsy ____ Multiple Sclerosis

Are you: ____ Self-ambulatory ____ Ambulatory with Assist (walker, cane, arm)

____ Confined to a wheelchair ____ Non-ambulatory, bedridden

Check applicable special equipment that registered person is dependent on:

____ Wheelchair ____ Walker/Cane ____ Crutches

____ Life Support System ____ Dialysis ____ Insulin Dependent ____ IV

____ Oxygen: If Yes, oxygen needed for _____ hours per day. Has a portable tank? _____

Additional Details:

1. If the registered person has a tendency to wander, please describe places he/she have been found recently or may choose to go:

2. Medical or psychological concerns relevant to sheriff attempting to assist the registered person to remain safe and stay or leave home:

3. Items the registered person wears/possesses on a regular basis (such as medical devices, personal items or objects):

4. Suggestions for ways the sheriffs' deputy can approach and help the registered person:

5. Regular behaviors and/or special interests:

6. Medications the registered person MUST take to avoid a medical emergency: _____

ARE YOU OKAY / Vulnerable Populations Database Waiver of Liability

I _____ (self or legal guardian), hereby voluntarily and knowingly agree to release and hold Harmless the Cochise County Sheriff's Office and/or any other Public Safety Organization who responds to assist against any claim in relation to services received through the **Are You Okay** program and **Vulnerable Populations Database**.

I understand and acknowledge that the Cochise County Sheriff's and other Public Safety organizations are providing this program as a public service for no compensation. I also understand and acknowledge that the Cochise County Sheriff's Office may, in their sole discretion, terminate this service at any time. I further understand and acknowledge that technical problems or human error may result in failure of the service at any time. I understand that my participation in this program is purely voluntary.

In consideration of these factors, I hereby waive, release, and hold harmless the Cochise County Sheriff's Office from any claim arising from a failure for any reason to provide the services contemplated by this agreement. I further agree to waive, release, and hold harmless the Cochise County Sheriff's Office against any claim for direct, incidental, or consequential damages arising from any act or omission of the Cochise County Sheriff's Office, their volunteers, or employees, incurred in connection with the Cochise County Sheriff's office participation in this program.

_____ Printed name of Subscriber

_____ Signature of Subscriber

_____ Legal Representative Signature

_____ Date of Signature