



R.U.O.K.
Community Policing
Working Together to Keep
Hometown Safe!

OFFICE OF THE CHIEF
Hometown Illinois

LOUIS DOMUINGUEZ, CHIEF
*4331 Southwest Highway,
Hometown, IL 60456*

Welcome to the City of Hometown's “**Are You OK?**” (R.U.O.K.) Program.

There are **two** forms you need to fill out and return to enroll you in the R.U.O.K. program and have a time set to call you.

Be sure to keep the phone numbers on page 3 of this letter so you can leave messages for us.

The first form is the **R.U.O.K. Application Form**. Please fill out all the information on **both** sides. It is very important that you give us as much information as possible, so we can assist you. Please be sure to give us **Emergency Contacts** and **Keyholder** information in case we can't reach you. Make sure your Contacts and Keyholders know you are participating in our program. **Emergency Contacts** should be nearby friends or relatives who would know your whereabouts, such as doctor appointments, or if you are out of town, etc. A **Keyholder** is someone you have entrusted with a key to your home and has your permission to enter and check on you, if need be. If you wish, you may share with us the location of a hidden key, which emergency personnel could use if needed. Key information is voluntary, and as with all other information provided, kept strictly confidential.

Under the section for **Medical History**, please provide information that might be important for us to know about your current health, such as insulin- dependent, seizures, whether you use a wheelchair or walker, pacemaker, etc. Additionally, if you have your medical information and a list of your medications written down and kept in a specific location such as your purse, or on your refrigerator door (a very good idea!) be sure to note it on the form.

ALL INFORMATION IS STRICTLY CONFIDENTIAL



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The second form is the ***WAIVER AND RELEASE OF LIABILITY***. Please read this over and fill in the information at the bottom of the form. Pay special attention to the section that lists reasons for you to notify us of changes. **It is extremely important that you let us know if you won't be home for your call.** Please understand that you do NOT have to feel unable to leave, but simply let us know that you will be gone.

Once you complete the forms, please email them, or have someone email them to RUOK@CITYOFHOMETOWN.ORG with RUOK in the subject line.

To make sure your messages are received, the City of Hometown **R.U.O.K.** program would like you to call the phone numbers on the ***Important Information*** sheet in the event you won't be home for your regularly scheduled R.U.O.K. call.



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Important Information

Monday through Friday call 1-708-422-2188 and speak to a receptionist from 8:00 AM to 4:00 PM.

After 4 pm and before 8 AM, or on holidays and weekends, call **1-224-580-2856 and leave a message.**

You will receive a return call on the next business day we are open.

LEAVE A VOICEMAIL MESSAGE WITH YOUR NAME AND A MESSAGE, STATING YOU ARE IN THE R.U.O.K. PROGRAM.

If you have any questions, please call us at 1-708-422-2188, Monday through Friday, 8:00 am to 4:00 pm. and will assist you.

On behalf of the Chief and staff, welcome to the program and we look forward to serving you!

If you have any emergency – DIAL 911



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As a participant in the R.U.O.K. program, I understand that this a free public service provided by the Hometown Police and local public agencies. I further understand and acknowledge that the timing and frequency of the telephone calls will vary, depending on the operations and resources service at any time. I also understand that the Chief may, in his discretion, terminate this service at any time, for any reason, and that I may terminate my participation in the R.U.O.K. program at any time, for any reason.

To facilitate assistance, I hereby authorize the City of Hometown, his employees and/or volunteers to disclose to emergency personnel (law enforcement, healthcare, or fire), or to my emergency contacts, and any medical history that I have provided the R.U.O.K. program. I understand that I may revoke this authority at any time by notifying the R.U.O.K. program in writing.

I understand and recognize that the R.U.O.K. program is not conducted by health care professionals, and I further agree that neither the program, nor the individuals conducting the program, will be responsible for providing me with health care services, advice, or medical assessments. I understand that if I have a **serious health** condition that requires consistent and regular monitoring, I should not rely on the R.U.O.K. program for that monitoring.

In consideration of these factors, I hereby agree to release, waive, and discharge the City of Hometown, his officers, employees, volunteers and/or agents and the County of Cook and its officers, employees, volunteers and/or agents from any and all liability to myself, the undersigned, my heirs, dependents and assigns for any and all claims, demands, losses or damages that result from, or are alleged to have resulted from, the undersigned's participation in the R.U.O.K. program, or from any act or omission of the City of Hometown, Police Chief, his employees or volunteers in connection with this program.

I further agree to be sure to notify the Chief's Office at (708) 422-2188 if one of the following occurs:

1. I anticipate that I will not be at home to receive the telephone call.
2. My address/residence and/or telephone phone number changes.
3. The name/address/telephone of my emergency contacts change.
4. I no longer wish to participate in the program

Signature of Participant

Date

Printed Name of Participant

Telephone Number

Address of Participant



R.U.O.K. APPLICATION FORM

_____ Last Name	_____ First Name	_____ Middle Init	_____ D.O.B.
_____ Street Address	_____ City	_____ State	_____ Zip
_____ Building Name (if applies)	_____ Apt # (if applies)		
_____ Phone Number	_____ Alt Phone Number	_____ Time to Call	

❖ IN CASE OF EMERGENCY NOTIFY:

_____ Last Name	_____ First Name		
_____ Street Address	_____ City	_____ State	_____ Zip
_____ Phone Number 1	_____ Phone Number 2		

❖ IN CASE OF EMERGENCY NOTIFY

_____ Last Name	_____ First Name		
_____ Street Address	_____ City	_____ State	_____ Zip
_____ Phone Number 1	_____ Phone Number 2		



KEY ON PREMISE?

Yes _____

No _____

Location _____

KEYHOLDER?

Yes _____

No _____

Keyholder Last Name _____

First Name _____

Middle Init _____

Street Address _____

City _____

State _____

Zip _____

Phone Number 1 _____

Phone Number 2 _____

NEXT OF KIN

Last Name _____

First Name _____

Middle Init _____

Street Address _____

City _____

State _____

Zip _____

Phone Number 1 _____

Phone Number 2 _____

Live Alone Yes _____

No _____

Co-Resident Name _____

Pets? Yes _____

Type and Location _____

No _____

MEDICAL INFORMATION

Primary Physician's Name _____

Phone Number _____

Location of Medical Info _____

Additional Information _____