

**Application for the Bergen County
Wellness Check Program
201-336-7400**

Please complete the following application for the Bergen County Wellness Check Program. You may either drop off or mail the application to:

**Bergen County Department of Human Services
Attn: Wellness Check Program
One Bergen County Plaza, 2nd Floor
Hackensack, NJ 07601**

If you have any questions or need assistance answering these questions, please contact us at (201) 336-7400.

Your Name _____

Address _____

City _____

Phone number _____

Do you require a TTY (A device for the deaf and hard of hearing)? _____

Emergency Contact #1:

Name _____

Address _____

City _____

Phone Number _____

Emergency Contact #2:

Name _____

Address _____

City _____

Phone Number _____

I prefer to receive phone calls on the following days: (Check one)

Every Day ____ **Monday–Friday** ____ **Saturday–Sunday only** ____

Other: _____

Time of day you would like to be called : _____

I understand I am being scheduled to receive a call approximately at my designated time. If I do not answer the telephone, my designated emergency contacts will be called. I understand I am responsible for notifying the Division of Senior Services of any changes, whether temporarily or permanent, by calling 201-336-7400. I acknowledge that the Bergen County Department of Human Services is providing this program as a convenience, and as such is not receiving any compensation. I recognize that the Bergen County Department of Human Services may, in its sole discretion, terminate this service at any time; but I will be given adequate notice of the Department's decision to terminate the service. I hereby release and hold harmless the County of Bergen, its agents, servants, and/or employees, individuals, the Bergen County Department of Human Services, from any and all claims for damages arising from a failure, for any reason, to provide the Bergen County Wellness Check Program.

Signature

Date