

Application for the Bergen County Wellness Check Program

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

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

For questions and assistance, 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
Name:
Address:
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, Monday thru Friday 8:00 AM - 4:00 PM.**
- 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