



## Are You Okay? Subscriber Information Form

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ FL Zip \_\_\_\_\_ Telephone \_\_\_\_\_

Doctor & Clergy

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Clergy \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency, notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Next of kin

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Key location information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

On location? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, where? \_\_\_\_\_

Pets/Co-Residents

\_\_\_\_\_ Pets

\_\_\_\_\_ Co-Resident

\_\_\_\_\_ Live alone

Medical History

Able to walk \_\_\_\_\_ Yes \_\_\_\_\_ No

Physical impairments: \_\_\_\_\_

\_\_\_\_\_

Location of medical history

Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

Hospital \_\_\_\_\_ Telephone \_\_\_\_\_

Additional comments

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed application forms must be submitted in person or by mail to:

Glades County Sheriff's Office  
Chief Deputy C.D. Pottorff  
1297 East State Road 78  
Moore Haven, Florida 33471  
863-946-1600