



OFFICE OF THE SHERIFF

Lake County, Illinois

JOHN D. IDLEBURG
SHERIFF

*25 S. Martin Luther King Jr. Ave.
Waukegan, Illinois 60085
Phone: (847) 377-4000
Fax: (847) 984-5974*

Community Policing
Working Together to *Keep Lake County Safe!*
R.U.O.K. Program

EMERGENCY
DIAL 911

DIVISIONS

Civil Process
(847) 377-4400

Communications
(847) 549-5200

Court Security
(847) 377-4911

Criminal
Investigations
(847) 377-4250

Highway Patrol
(847) 377-7020

Training
(847) 377-4350

Warrants
(847) 377-4300

Community Service
(847) 377-4211

Records
(847) 377-4200

Marine Unit
(847) 587-4471

Jail
(847) 377-4112

Work Release
(847) 377-4450

Emergency
Management
Agency
(847) 377-7100

Welcome to the Lake County Sheriff's "Are You OK?"
(R.U.O.K.) Program.

Enclosed, please find 2 forms you need to fill out and return to us, so we can enroll you in the R.U.O.K. program and set a time to call you.

Please 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 **RUOK Application Form**. Please fill out all the information on both sides. It is very important that you give us as much information as you can, 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 would be 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, if you have one, which emergency personnel could use if needed. Key information is voluntary, and as with all other information provided, will be kept strictly confidential.

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Under the section for **Medical History**, please provide any 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!); please note this in the section for Location of Medical History.

Please note: ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL

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. To make sure your messages are received, the Lake County Sheriff's **R.U.O.K.** program would like you to call the following phone numbers in the event you won't be home for your regularly-scheduled R.U.O.K. call, or have some other important information you need to tell us.

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Monday through Friday, 8 am to 5 pm: Call 847.377.4000
Tell the Receptionist your message for R.U.O.K. program.

OR

Before 8 am or after 5 pm, Monday through Friday or on
Weekends: Call 847.377.4226

LEAVE A VOICEMAIL MESSAGE, STATING YOU ARE IN THE R.U.O.K. PROGRAM, AND LEAVE YOUR NAME AND YOUR MESSAGE. We check this line daily.

If you have any questions, please contact our Community Service Division at 847.377-4211, Monday through Friday, 8:00 am through 5:00 pm. We will assist you in any way, and hope you will be pleased with our program. On behalf of the Sheriff and staff, welcome to the program. We look forward to serving you.

As a participant in the R.U.O.K. program, I understand that this a free public service provided by the Sheriff 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 Sheriff 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 Lake County Sheriff, 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 Sheriff, his officers, employees, volunteers and/or agents and the Count of Lake 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 Lake County Sheriff, his employees or volunteers in connection with this program.

I further agree to be sure to notify the Sheriff's Office at (847) 377-4000 on Mon-Fri between 8am-5pm, or at (847) 377-4226 on weekends or after hours before 8am & after 5pm 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

Participant's Telephone Number

Address of Participant

❖ KEY ON PREMISES? YES NO

Location _____

❖ KEYHOLDER

Last Name First Name Middle

Street Address City State Zip

Residential Phone Cell Phone Work Phone

❖ NEXT OF KIN

Last Name First Name Middle

Street Address City State Zip

Residential Phone Cell Phone Work Phone

PETS? YES or NO Type and Location: _____

LIVE ALONE? YES or NO Co-resident(s) _____

❖ MEDICAL INFORMATION

Physician's Name _____

Phone Number: _____

ABLE TO WALK? YES or NO

PHYSICAL IMPAIRMENTS:

Location of Medical Information: _____

❖ ADDITIONAL INFORMATION _____