



# R.U.O.K.

## Community Policing

### Working Together to *Keep Lake County Safe!*

OFFICE OF THE SHERIFF  
*Lake County Illinois*

JOHN D. IDLEBURG - SHERIFF  
*25 S. Martin Luther King Jr. Ave  
Waukegan, IL 60085*

Welcome to the Lake County Sheriff'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 [SDRecords@lakecountyil.gov](mailto:SDRecords@lakecountyil.gov) with RUOK in the subject line.

To make sure your messages are received, the Lake County Sheriff's **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 1-847-377-4200 and speak to a receptionist from 8:00 AM to 5:00 PM.**

**After 5 pm and before 8 AM, or on holidays and weekends, call 1-847-377-4200 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 1-847-377-4200, Monday through Friday, 8:00 am to 5:00 pm. and will assist you.

On behalf of the Sheriff 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 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) 377-4200 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

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Signature of Participant

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Date

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Printed Name of Participant

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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 \_\_\_\_\_