



HAS YOU COVERED.

SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY

Listing Information For Emergencies (LIFE)

The LIFE Program is a **voluntary** identification program to assist Salt River Public Safety Personnel and Community staff identify individuals in the Community that may need special assistance during emergencies.

Special assistance may be needed as a result of a physical, medical or mental condition. Individuals that sign up for the LIFE Program authorize emergency services personnel and other Community staff members to conduct a welfare check on the person listed on the consent form during emergencies. The homeowner understands that the welfare check of the special needs individual may occur whenever the situation may dictate that assistance may be needed, and when Community resources are available to conduct these welfare checks. The homeowner understands that their information may be placed in public safety systems for use during emergencies. **It is important that people do not rely on this program for welfare checks of those with special needs and that they have an individual and family emergency plan in place and rely on this LIFE Program as a backup.**

By completing and signing this form, the homeowner is voluntarily consenting to this service and voluntarily giving this medical information for use by the SRPMIC government.

Homes identified in this program will stay on the list until the homeowner contacts staff and has their home removed.

SALT RIVER PIMA-MARICOPA INDIAN COMMUNITY

Listing Information for Emergencies (LIFE)
Consent Form

Homeowner

Last Name: _____ First: _____

Address: _____ Phone# _____

Cell Phone# _____ Email: _____

Relationship to Special Needs Person

☐ Parent ☐ Son/Daughter ☐ Guardian ☐ Other _____

Person with Special Needs

Last Name _____ First _____ DOB/Age _____

Nickname (**Special Needs Individual**) _____

Please give a description of the special needs circumstances and any information that will be helpful to Emergency Services personnel, (Example: Physical or mental challenges, dialysis patient, uses wheelchair, etc.). Any information disclosed in this form is not governed by the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

Signature _____ Date: _____

*I consent to the release of my information for use by the LIFE Program. I acknowledge the above information regarding the residence, and that the description of the special needs circumstances is correct and complete to the best of my knowledge as of this date. (If signatory above is not the special needs person then, I am acknowledging by the signature above that I am authorized to release this information on behalf of the special needs person and that my relationship to this person is true.)

Homeowner

Signature _____ Date: _____

****(If the above individual is not the homeowner, the actual homeowner must also sign this voluntary consent form)*** I acknowledge the above information regarding the residence and I voluntarily consent to this information being placed in the LIFE Program. This consent will remain in effect until removed in writing by homeowner.

Send completed form to:

Charles Kmet, SRPMIC Emergency Manager
10005 E Osborn
Scottsdale 85256

Or email to: Charles.Kmet@srpmic-nsn.gov

For questions call: (480) 362-7927