### **RING** Application

Email \* First Name \* Last Name \* Gender \* () Female () Male () Other () Prefer not to say Date of Birth \*

Ethnicity? \* () Hispanic () Non-Hispanic

Race \*

Street Address \*

City \*

Zip Code \*

Cell Phone number \*

**Secondary Phone Number** 

English Speaking? \* () Yes () No Primary Language if not English Disabled? \* () Yes () No Do you currently have a RING device? \* () Yes () No Do you have internet Access? \* () Yes () No Which product are you interested in? \* () Ring Doorbell () Ring Stickup Cam () Both - Indicate why both are needed Can you or a family member install the device? \* () Yes () No

Emergency Contact Name \*

Relationship to Member

Emergency Contact phone \*



This is a national partnership program sponsored by Ring, an Amazon company, and administered by USAging.

## **RING** Application



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I feel safe in my home environment \*

()Yes ()No

#### I am currently a caregiver for the member getting the ring \*

()Yes ()No

### I am the property owner where the ring will be installed. \*

- ()Yes ()No
- () If no, permission will be required from the property owner.

# I understand that if I am accepted into this program that I will be required to complete a survey prior to installation as well as 12 months after installation. I agree to comply with this requirement. \*

()Yes ()No

### How did you hear about this program? \*

### Name of staff member filling out this form \*

- () N/A
- () Other:

### \*Required items

Are you interested in learning about any other services?

- Caregiver Support
- Health and Wellness Classes
- Legal Assistance
- Meals
- Nutrition Counseling
- Options to return to home
- Options to stay at home
- Transportation

Please return your completed application to one of Connections 3 office locations

- Sioux City, Connections office 2301 Pierce St
- Creston, Connections office 109 North Elm St
- Council Bluffs, Connections office 231 S Main St