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.

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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