

SafetyNet[™] Pre-Application Form

Thank you for your interest in the SafetyNet[™] service! By completing this pre-application form you are taking an important step toward protecting your loved one from the dangers of wandering.

This pre-application form is a tool to help you gather the relevant information needed to enroll in the SafetyNet[™] service. Once this form is filled out, you can start the enrollment process by:

- Faxing the form at any time to our fax number (877) 850-7251
- Scanning and emailing this form at any time to customerservice@safetynetbylojack.com

Once you submit this form to SafetyNet[™], a customer service representative will contact you to review the service, gather any additional information, and process your enrollment.

If you do not want to fill out this form, you can still enroll in the SafetyNet service by calling us at (877) 434-6384. Monday through Friday from 8am to 6pm ET or Saturday from 9am to 5pm ET.

If you have any questions, please contact SafetyNet[™] Customer Service at (877) 434-6384.

Thank you!

The SafetyNet Team



SafetyNet™ Pre-Application Form

Throughout this pre-application form we use the terms “caregiver” and “client”. The “caregiver” is the person who has authority to provide personal data about and make decisions on behalf of the “client”. The “client” is the person who is at risk of wandering and will wear the SafetyNet™ Bracelet.

Please fax this completed form to (877) 850-7251 or scan and email it to customerservice@safetynetbylojack.com

Caregiver Information

Caregiver Name: _____

Relationship to Client: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Primary Phone #: _____

Alternate Phone #: _____

Email: _____

Best time to contact: 8am – noon | noon – 4pm | 4pm – 6pm | Other: _____

Please circle one:

	Home	Work	Cell
	Home	Work	Cell

Client Information

Client Name: _____

Nickname: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone #: _____

Cognitive Condition: _____

Client’s DOB: / /

Sex: Male | Female



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Authorization

In order to enroll a client in the SafetyNet service, the caregiver must be authorized to submit personal data and to make decisions on behalf of the client. Do you have this authorization?

Please check which of the following apply:

- Yes, I have **power of attorney** for the client
- Yes, I am the **legal guardian** for the client
- Yes, I am the **health care proxy** for the client
- Yes, Other (specify) _____
- No

Additional Information

How did you hear about the SafetyNet™ service?

Consent

By providing this information, you hereby consent to the collection, use and disclosure of such information for determining eligibility and participation in the SafetyNet by LoJack program. Information provided may be shared by LoJack SafetyNet with public safety agencies, our affiliates and services providers who assist us and law enforcement agencies in the use of the SafetyNet equipment. You also consent to LoJack SafetyNet Inc. and its affiliates using your information, including but not limited to location, sex, age, physical and medical condition, height and weight, to provide or assist law enforcement in providing the Services, respond to regulatory and legal requirements including credit reporting and fraud prevention, and electronically tracking your SafetyNet Client in conjunction with providing services.

Printed Name _____
 Signature _____ Date _____