



**Eddy Lifeline**  
**Northeast Health**

**APPLICATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City and Zip Code

Phone #: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Hidden key location? \_\_\_\_\_

Lock box?  Yes  No If so, what is the code? \_\_\_\_\_

Drug allergies? \_\_\_\_\_

Medical conditions: \_\_\_\_\_

**Responders:** (Please identify 3 if possible: neighbor, relative, friend)

1) Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City and Zip Code

Contact numbers (home, work and cell): \_\_\_\_\_

Relationship to subscriber: \_\_\_\_\_

Key to house?  Yes  No

2) Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City and Zip Code

Contact numbers (home, work and cell): \_\_\_\_\_

Relationship to subscriber: \_\_\_\_\_

Key to house?  Yes  No

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3) Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street, City and Zip Code

Contact numbers (home, work and cell): \_\_\_\_\_

\_\_\_\_\_

Relationship to subscriber: \_\_\_\_\_

Key to house?  Yes  No

Physician name and phone #: \_\_\_\_\_

Hospital of choice: \_\_\_\_\_

Does subscriber have Time Warner Cable? \_\_\_\_\_

Who is paying for Lifeline? \_\_\_\_\_

Name and address if different from subscriber: \_\_\_\_\_

\_\_\_\_\_

**Once completed, you have 4 options:**

1. Call (518) 833-1040 and we will take all this information over the phone and schedule the installation.
2. Print, complete, scan and e-mail it back to us at: Leonardk@nehealth.com
3. Mail it to Eddy Lifeline, 433 River Street, Troy, NY 12180
4. Fax it to: (518) 833-1033