



Longmont Meals on Wheels Lockbox Program in Partnership with Longmont Fire Department



Longmont Meals on Wheels (LMOW) Residential Lockbox Program, in partnership with the Longmont Fire Department (LFD), is designed to expedite access to older adults and individuals with disabilities in their own homes during wellness checks. The Lockbox Program also reduces the likelihood of property damage caused by first responders forcing entry into a home in response to a medical or safety concern.

The **FREE** program is open to all Longmont residents who either live alone or must be left alone on a regular basis and:

- Are age 65 and above or
- Are under 65, with a major medical issue or disability that could render them incapacitated or unconscious.

How Does the Program Work?

1. The eligible participant or their care companion will complete a Lockbox Program Application. Applications can be picked up at the LMOW office (910 Longs Peak Ave, Longmont) or completed below. Applications must be signed by hand or by the "Fill & Sign" tool in Adobe. We can also mail you an application.
2. Completed applications can be dropped off or mailed to attn: LMOW, 910 Longs Peak Ave, Longmont, CO 80501 or emailed to office@lmow.org.
3. Once the application is approved, Longmont Fire Department will contact the eligible participant to set up a time for the lockbox to be installed.
4. A key to your residence, which you will provide, will be stored in a lockbox, which will be secured to a fixed object on your property. The access code to the lockbox is stored in a secure database linked to your address.
5. The lockbox will only be used during a wellness check and when responders can't make entry without using force. At no other time will the lockbox be used or will entry be made without authorization. Locking yourself out of the house is not considered a safety or medical condition. We strongly recommend you have a spare key for your own use.
6. There is no cost to participate in the Lockbox Program, other than the cost of a spare key.
7. A participant may withdraw from the Lockbox Program at any time by contacting LMOW. After the key is returned to the participant, the empty lockbox will be removed from the residence and returned to LMOW.

For further information please contact Longmont Meals on Wheels

(303)772-0540 or email at office@lmow.org.

Longmont Meals on Wheels ~ 910 Longs Peak Ave, Longmont, CO 80501 ~ 303-772-0540





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LOCKBOX PROGRAM APPLICATION

Fill out all pages of this application and release form. Either print and sign or use the "Fill & Sign" tool in Adobe to sign. Completed and signed forms can be mailed or emailed to Longmont Meals on Wheels.

LAST NAME: _____ FIRST NAME: _____

HOME STREET ADDRESS: _____

____ Owner / Resident ____ Resident only Complex Name _____

Management Phone: _____

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ EMAIL: _____

REASON FOR APPLICATION (check all that apply):

- I am a Longmont resident who is 65 or older. I am homebound. I live alone or am alone on a frequent basis. I have limited mobility. I have a medical condition that is potentially incapacitating. Other _____

I have a:

File of Life: ____ Life Alert Alarm: ____ Home Alarm: ____ Pets: None ____ Dog(s) ____ Cat(s) ____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____ Home Address: _____ Phone Number: _____ Email: _____

RELEASE BY RESIDENT
LONGMONT MEALS ON WHEELS LOCKBOX PROGRAM
IN PARTNERSHIP WITH LONGMONT FIRE DEPARTMENT

This Release is executed this _____ day of _____, 202____, by the undersigned as owner and/or resident of property located at _____, Longmont, Colorado 80_____ (hereinafter "Releasor"), Longmont Meals on Wheels, Inc. ("LMOW"), and the City of Longmont, a Colorado municipal corporation, 350 Kimbark Street, Longmont, Colorado 80501 (hereinafter "the City").

I, Releasor, being of lawful age, in consideration of being permitted to participate in the Longmont Meals on Wheels Lockbox Program in partnership with Longmont Fire Department ("LFD"), the value and sufficiency of which is hereby acknowledged, do, for myself, my heirs, executors, administrators, and assigns, hereby release and forever discharge LMOW, the City, its employees, agents, officers, and representatives from any and every claim, demand, action, or right of action, of whatever kind or nature, either in law or in equity, arising from or by reason of any bodily injury or personal injuries known or unknown, death, or property damage resulting from any act which may occur as a result of participation in the Lockbox Program, or any activities in connection with the Lockbox Program, whether such action is caused or initiated by agents, employees, officers, or representatives of the City, or by third parties known or unknown to Releasor, LMOW or the City.

Releasor acknowledges and agrees that the undersigned's participation in the Lockbox Program is **voluntary** and that said program is being offered only as a courtesy to at risk residents located in the City of Longmont. Releasor represents that every party residing in the home of lawful age has entered into a Release by Resident for the Lockbox Program.

I also understand and agree that the Lockbox Program is not intended in any way whatsoever to create or impose a special duty on LMOW, the City, and their employees, officers, agents and attorneys regarding the undersigned's safety or wellbeing.

Releasor expressly authorizes and provides voluntary consent for Longmont Public Safety, including LFD, Longmont Police, Longmont Ambulance and other EMTs, and paramedic responders (hereinafter "Emergency Personnel") to enter my residence in response to any reasonable concern they may have related to my safety or medical condition, including welfare checks. I understand I do not have to consent to this program to receive emergency services from the City.

Releasor understands that those concerns may be from LMOW staff, neighbors, friends, family members or other concerned individuals that contact the City. Releasor further releases all Emergency Personnel from any claim whatsoever on account of any first aid, treatment, or service rendered to me.

Under the Lockbox Program, Releasor has voluntarily agreed to participate in the program and assumes full responsibility for providing the correct key at all times. Releasor authorizes and voluntarily consents to Emergency Personnel entering the premises listed here. Releasor authorizes and voluntarily consents to emergency personnel exercising their discretion to gain entry to the Releasor's home by the fastest means possible, however, Emergency Personnel will use their best efforts to utilize the lockbox when the time and situation permit. Releasor understands and agrees that in the event of a time sensitive situation (i.e., medical emergency, fire or home invasion), or malfunction of the lockbox, Emergency Personnel may not be able to, nor have time to utilize the lockbox system.

Releasor understands the lockbox remains the property of the entity that originally installed it at the Residence (e.g. LMOW, LFD). It is Releasor's responsibility to ensure the correct key is provided. If the Releasor has provided his or her own lockbox, Releasor is responsible for providing the maintenance on the lockbox, and ensuring the correct code is provided to the City.

This Release contains the entire agreement between the parties hereto and the terms of this Release are contractual and not a mere recital. Releasor understands and agrees this Release shall inure to the benefit of, and be binding upon, the parties, their respective legal representatives, successors, heirs, and assigns.

Releasor further states that he/she has carefully read the foregoing Release and knows the contents thereof and signs this Release as his/her own free act, with full knowledge of its significance.

This Release may be withdrawn at any time in writing by providing written notice to the City. This Release is effective upon signature and continues to be in full force and effect until withdrawn in writing by the Releasor, or until the Releasor no longer lives at the premises.

In witness whereof, Releasor has executed this Release on the day and year first written below.

RELEASOR

By: (please print name)

Signature

Date

Address Releasor is providing voluntary consent for Emergency Personnel to enter:

