



PLACENTIA POLICE DEPARTMENT YOU ARE NOT ALONE (Y.A.N.A.) APPLICATION / WAIVER FORM



The Client identified below, by his/her own accord or through his/her legal guardian identified hereby, requests to be enrolled in the Placentia Police Department's You Are Not Alone (YANA) Program.

- As staffing permits, the Placentia Police Department's VIP members (Volunteers in Policing) will visit or call the Client a minimum of one day each week, as determined by the VIP member or Placentia Police Department, for the purpose of doing an in-person check.
- Situations observed by any VIP member or Placentia Police Officer in connection with Client's participation in the program that suggest possible criminal conduct, abuse or neglect will be reported immediately to the Placentia Police Department on-duty Watch Commander.

The Client by his/her own accord or through his/her legal guardian, in consideration for acceptance in this voluntary, no cost, public service program, hereby acknowledges and agrees to the following:

- Client and/or legal guardian must verify the accuracy of all information provided on this application.
- Client and/or legal guardian must ensure that the persons listed under emergency contact agree to be contacted by the Placentia Police Department, and are willing to assist as appropriate.
- Client and/or legal guardian is responsible for providing updates to information contained on this application throughout his/her participation in the program as changes occur.
- Client and/or legal guardian is responsible for providing prior notification to the Placentia Police Department by calling **(714) 993-8179** and indicating the dates which the Client will not be in the residence.
- **Terminating** participation in the YANA program: Client and/or legal guardian is responsible for providing written notification to:

Placentia Police Department / YANA
401 E. Chapman, Placentia, CA. 92870
kkrahling@placentia.org

- **The VIPs will not provide any medical assistance, service or advice; travel or transportation assistance; labor; or financial assistance or advice as part of the YANA program. Any such needs remain the responsibility of the Client, his/her legal guardian or caregiver.**
- With a Client's participation in the YANA program, the City of Placentia, the Placentia Police Department, the VIP program and their officers, employees and volunteers may be provided by Client or his/her legal guardian or emergency contacts certain health information as listed or disclosed during the course of the program. Such health information may qualify as protected health information (PHI) under the HIPAA (Health Insurance Portability and Accountability Act) Privacy Rule. The City of Placentia, the Placentia Police Department, the

VIP program and their officers, employees and volunteers (collectively, the "Placentia Personnel") are authorized to use, disclose, or discuss this information with Client, his/her legal guardian, the referenced emergency contacts or any emergency medical personnel as necessary to perform the services referenced herein. Client or his/her legal guardian release and discharge each and all of the Placentia Personnel from any and all claims, causes of action, demands, obligations, damages, costs and liabilities of any nature whatsoever (collectively, "Claims") arising out of the receipt by and use of PHI by any Placentia Personnel.

- Client and/or his/her legal guardian consent to all aspects of the YANA service including, if necessary, a forced entry into Client's residence to complete a welfare check, and summoning of emergency medical assistance. The City of Placentia, the Placentia Police Department, the VIP program, and their officials, employees and volunteers shall not be responsible for any damage to Client's residence caused by such forced entry. Likewise, the City of Placentia, the Placentia Police Department, the VIP program, and their officials, employees and volunteers shall not be responsible for the cost of any emergency or subsequent medical care when emergency medical assistance is summoned by the VIPs or the Placentia Police Department.
- The Placentia Police Department may, in its sole discretion, terminate this service at any time.
- Technical problems, scheduling problems, human error, or other problems may result in an omission of the service at any time.
- The City of Placentia, the Placentia Police Department, and the VIP program do not represent, warrant or guarantee that the YANA program will protect or preserve the health or welfare of the Client.

I, the undersigned, hereby acknowledge and agree **to hold harmless, indemnify and defend the City of Placentia, the Placentia Police Department, the VIP program, their officers, elected officials, agents, volunteers, boards, departments, and employees from and against** any and all Claims occurring or arising as a result of the purpose and activities described herein or any activities incidental thereto wherever or however the same may occur, including but not limited to claims of other parties claiming financial interest in the Client residence or estate, and I do **release, waive, discharge and** covenant not to sue any Placentia Personnel with respect to any Claim which may hereafter arise. **IT IS THE INTENTION OF THE UNDERSIGNED BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE CITY OF PLACENTIA, THE PLACENTIA POLICE DEPARTMENT, THE VIP PROGRAM AND THE RELATED PARTIES MENTIONED HEREIN, FROM ALL LIABILITY FOR ANY AND ALL LOSSES, DAMAGE OR INJURY RELATED TO OR CAUSED IN CONNECTION WITH THE ABOVE DESCRIBED PROGRAM. CLIENT OR HIS/HER GUARDIAN WAIVE AND RELINQUISH ANY AND ALL RIGHTS THEY MAY HAVE UNDER CALIFORNIA CIVIL CODE SECTION 1542, WHICH STATES AS FOLLOWS: "A general release does not extend to claims which the creditor does not know or suspect to exist in his for her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor."**

Name of Client: _____

Signature of Client/Legal Guardian _____ Date _____

Witness: _____ Date _____

INFORMATION IN THE FOLLOWING SECTION MAY BE DISCLOSED TO OR DISCUSSED WITH EMERGENCY MEDICAL PROVIDERS OR OTHER PARTIES IDENTIFIED HEREIN:

Physician's Name _____

Address _____

Phone # _____

Medications Prescribed: _____

General health concerns: _____

Allergies: _____

Other General Concerns: _____

Signature of Client/Legal Guardian _____ Date _____

Witness _____ Date _____



**PLACENTIA POLICE DEPARTMENT
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Emergency Form

An emergency form must be filled for the YANA member. Please fill in all information and attach this form the refrigerator or a highly visible location.

Name _____ Age _____

Address _____

Medication being taken at this time: _____

Medication you are ALLERGIC to: _____

Emergency Contacts:

Name _____

Relationship _____ Has Key? Yes No

Primary Phone _____ Secondary Phone _____
 Home Cell Home Cell

Name _____

Relationship _____ Has Key? Yes No

Primary Phone _____ Secondary Phone _____
 Home Cell Home Cell

PLEASE DO NOT SUBMIT THIS PAGE WITH YOUR PACKET, PUT IT SOMEWHERE HIGHLY VISIBLE IN YOUR HOME.