New Hanover County
Sheriff’s Office
Sheriff, Edward J. McMahon
3950 Juvenile Center Road
Castle Hayne, NC  28429
Phone (910) 798-4132 or 4131  Fax (910) 798-4039

The New Hanover County Sheriff’s Office is pleased to offer the following service to the residents of New Hanover County. It is called, the “Are You Okay?” program and is designated for older adults, disable persons, and shut-ins that live alone.

The “Are You Okay” program is a computerized telephone calling system in place at the New Hanover County Sheriff’s Office. The system calls each enrolled subscriber everyday of the year at the same time each day. We make calls on each hour of the day between 6:00 a.m. and 10:00 a.m.

When the subscriber answers the phone, he or she will hear a voice saying, “This is the New Hanover County Sheriff’s Office Are You Okay Program, if you are okay, please hang up the phone. If you are not okay, hang up and dial 911”.

If the subscriber fails to answer the phone, it will alert the Sheriff’s Office and then someone will try to make contact with that person, or a key holder to check on the subscriber. If they cannot make contact with the person, a law enforcement officer will be dispatched to their residence.

If the subscriber is not going to be home at the time of the call (out of town, doctor’s appointment, etc.), he or she can call 341-4347 and leave a message on the answering machine letting us know that they will not be home. The subscriber should leave his/her phone number and date (or dates) that they will not be home. If the subscriber is admitted into the hospital for any reason, we request that someone call the above number and leave a message.

It is very important to understand that the “Are You Okay” program is not intended to take the place of Lifeline, Life phone, or any other service a person is now using. In fact, we urge people to use Lifeline or a similar service in addition to the Are You Okay Program!

Everyone who signs up for this service will be asked to fill out a short form which includes personal, medical and other information which law enforcement may need in an emergency. It is also required that the subscriber provide at least two people (such as relatives or neighbors) that possess keys to the subscribers residence. This is necessary in the event that
officers need to enter the residence to check on the subscriber. This information will be kept confidential and secure at the New Hanover County Sheriff’s Office. A waiver of liability is required, to be completed and signed.

The system is now in use in over 500 counties, cities, and towns throughout the United States and Canada. It has saved a number of lives and reduced worry and anguish for countless citizens, families, and friends. If you have questions about this program or need assistance completing the forms, please contact the main number for the Community Service Unit at 798-4227.

Please mail the program form and waiver to:

New Hanover County Sheriff’s Office
Community Services Unit
3950 Juvenile Center Road
Castle Hayne, NC 28429
New Hanover County Sheriff’s Office

R U OK?

Client Information Form

Date of Application: ________________ Time to receive call: ________________

Client’s Name: ________________________

First                     Middle                     Last

Date of Birth: ________________

MM/DD/YYYY  Sex  Race  Age

Address: ________________________

Phone #: ________________________

Home                      Work                      Cell

Place of work: ________________________

Work Address: ________________________

Email Address: ________________________

Contact Information for Relatives and Friends

Name: ________________________

First                     Middle                     Last

Relationship to you: ________________________

Address: ________________________

City: ________________________ State: ________________________ Zip: ________________________

Phone: ________________________
Other Contact Information for Friends and Relatives

Name: ____________________________
  First  Middle  Last
Relationship to you: ____________________________
Address: ____________________________
City: ______________________ State: ___________ Zip: ___________
Phone #: ____________________________
  Home  Work  Cell
Name: ____________________________
  First  Middle  Last
Relationship to you: ____________________________
Address: ____________________________
City: ______________________ State: ___________ Zip: ___________
Phone #: ____________________________
  Home  Work  Cell
Does anyone have a key to your residence? Yes____  No____
Name: ____________________________
Address: ____________________________
Phone #: ____________________________
  Home  Work  Cell
Do you have a key outside your residence?  Yes____  No____
Where is it Located? ____________________________
Do you have any physical or mental disabilities? Yes___  No___
If yes, please explain. __________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
Do you live alone? Yes___  No___
Do you have an answering machine? Yes___  No___

Doctor’s Name: ________________________________________________
Address: ______________________________________________________
Phone #: _______________________________________________________

Clergy’s Name: ________________________________________________
Address: ______________________________________________________
Phone #: _______________________________________________________

Please provide any information that you feel will assist our agency.
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

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New Hanover County
Sheriff’s Office

Waiver of Liability

This, “Wavier” releases and holds harmless New Hanover County Sheriff’s Office against any claim in relation to service received through the “Are You Okay? Program

Subscriber acknowledges that New Hanover County Sheriff’s Office is providing the service as a public service at no compensation. Subscriber recognizes that The New Hanover County Sheriff’s Office may, in its sole discretion, terminate this service at any time. The subscriber also acknowledges that technical problems or human error may result in a failure of service at any time. In consideration of these factors, the subscribers hereby waives, claim arising from failure, for any reason, to provide the services contemplated by this agreement. Subscriber further agrees to waive, release and holds harmless The New Hanover County Sheriff’s Office against any claim for direct, incidental, or consequential damages arising from any act or omission of New Hanover County Sheriff’s Office, their volunteers, agencies, or employees, in connection with this program.

Date ________________________________________________ Participants Signature

Date ________________________________________________ Witness

Date Received and Signature of NHSO Employee