



**La Palma 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 La Palma Police Department's You Are Not Alone (YANA) Program.

- As staffing permits, the La Palma 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 La Palma Police Department, for the purpose of doing an in-person check.
- Situations observed by any VIP member or La Palma 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 La Palma 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 La Palma 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 La Palma Police Department by calling **(714) 690-3368** 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:

**La Palma Police Department / YANA**  
**7792 Walker Street La Palma, CA. 90623**  
police@cityoflapalma.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 La Palma, the La Palma 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 Privacy Rule. The City of La Palma, the

La Palma Police Department, the VIP program and their officers, employees and volunteers (collectively, the "La Palma 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 La Palma 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 La Palma 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 La Palma, the La Palma 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 La Palma, the La Palma 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 La Palma Police Department.
- The La Palma 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 La Palma, the La Palma 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 La Palma, the La Palma 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 La Palma 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 LA PALMA, THE LA PALMA 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 \_\_\_\_\_



# LA PALMA POLICE DEPARTMENT

## YOU ARE NOT ALONE (Y.A.N.A.) REQUEST FORM



**PLEASE PRINT CLEARLY**

Name (Client) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_  
 Home Phone  Cell Phone  Home Phone  Cell Phone

<b>Preferred Days:</b>	<b>Preferred Times:</b>	<b>Preferred Method of Contact:</b>
<input type="checkbox"/> Monday	<input type="checkbox"/> Mornings (8:00 AM – 11:00 AM)	<input type="checkbox"/> Home Visits
<input type="checkbox"/> Tuesday	<input type="checkbox"/> Afternoons (1:00 PM – 4:00 PM)	<input type="checkbox"/> Phone Calls
<input type="checkbox"/> Wednesday *Max 3 days a week		

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_ or  Continuous

Legal Guardian (if applicable) \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_ Has Key?  Y  N

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_  
 Home Phone  Cell Phone  Home Phone  Cell Phone

Emergency Contact # 1 \_\_\_\_\_ Relationship: \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_ Has Key?  Y  N

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_  
 Home Phone  Cell Phone  Home Phone  Cell Phone

Emergency Contact # 2 \_\_\_\_\_ Relationship: \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_ Has Key?  Y  N

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_  
 Home Phone  Cell Phone  Home Phone  Cell Phone

Emergency Contact # 3 \_\_\_\_\_ Relationship: \_\_\_\_\_

Address, City, State, Zip \_\_\_\_\_ Has Key?  Y  N

Primary Phone # \_\_\_\_\_ Secondary Phone # \_\_\_\_\_  
 Home Phone  Cell Phone  Home Phone  Cell Phone

Please list all persons who are currently sharing the residence with the Client:

Name \_\_\_\_\_ Relationship and age: \_\_\_\_\_

Name \_\_\_\_\_ Relationship and age: \_\_\_\_\_

List any type of pets residing at the residence: \_\_\_\_\_

**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 \_\_\_\_\_



**La Palma Police Department**  
**YOU ARE NOT ALONE (Y.A.N.A.)**  
**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.**