CARRIER ALERT

Your letter carrier and local services want to help you!

If you live alone or care for a loved one, the CARRIER ALERT PROGRAM offers you comfort knowing that someone who visits your home regularly can call for help if you need it. This FREE service helps older adults and homebound people who may have difficulty getting help because of an accident or sudden illness in the home.

The National Association of Letter Carriers and the United States Postal Service has joined together with a variety of agencies to provide a community service to seniors and home bound individuals. The designated agency – Assisted Living Services, Inc., and the City of Meriden's Police Dept., Health & Humans Services, and City Council invite you to register for this FREE service

Here's How It Works:

1) You must register to participate in the program. Your local postmaster can give you more details on registration if needed.

2) Your letter carrier will place a Carrier Alert sticker in your mailbox which will alert all letter carriers to watch your mail for accumulation or other signs of distress.

3) If your carrier finds an accumulation of mail, and you have not covered the sticker to signal that you are away for a few days, he or she will notify the designated agency where you will be registered or report it to the postal supervisor who will contact the agency.

4) The agency will then call by phone. If you cannot be reached, the agency will contact the friend or relative whom you have listed as the emergency contact person.

5) If a friend or relative cannot be reached, the agency will contact the local Police Department who will dispatch an officer to check on your well being.

* If you wish to sign up for this FREE program, please complete the registration form attached and mail it to the agency and address listed.

Authorization, Subscriber Information, and Release of Legal Liabilities

I _____(insert full name), hereby expressly authorize the Carrier Alert Program, under the direction of Assisted Living Services, Inc. (the local sponsoring social service agency) to use this information in case of an emergency. I understand that this information will be kept confidential and used only by the participants of the Carrier Alert Program as a means to recognize my potential need for assistance. I also expressly authorize the U.S. Postal Service to alert Assisted Living Services, Inc. if there is an accumulation of mail in my mailbox. If I am away, I will inform the letter carrier in writing in advance and cover the decal in my mailbox. I understand this is a voluntary program and that my route is not always served by the same letter carrier. I also understand that I may terminate my participation in this program by providing written notice at least thirty (30) days prior to the date of termination.

I hereby agree to indemnify, hold, and save harmless all participants of the Carrier Alert Program, including the local sponsoring social service agency, the National Association of Letter Carriers, and the United States Postal Service, from any damage or injury which occurs as a result of my participation in this program.

Signed:_____ Date:_____

Street Address: _____

City: Meriden, CT Zip: _____

Home Phone: _____ Cell Phone: _____

Pets: ☐ YES ☐ NO Dog(s):_____Cat(s):_____ Other: _____

Responder Information *(who do you want notified in case of an emergency)*

Name:_____Relationship:_____

Phone: _____

Name:_____Relationship:_____

Phone: _____

***Please complete and mail to:**

Assisted Living Services, Inc.
74 South Broad St.
Meriden, CT. 06450
203-634-8668