



## 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 medical or other emergencies. The Lockbox Program also reduces the likelihood of property damage caused by first responders forcing entry into a home in response to an emergency call.

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 the LMOW office (910 Longs Peak Ave, Longmont, CO 80501) or emailed to [info@lmow.org](mailto:info@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 an emergency call or 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 an emergency. 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 [info@lmow.org](mailto:info@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 the following: (select all that apply)

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

EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Conditions:**

Under **The Lockbox Program**, the undersigned has voluntarily agreed to participate in the program and assumes full responsibility for providing the correct key at all times. Once the lockbox is installed, Longmont Meals on Wheels, fire, police and EMS personnel can only use the lockbox to gain access to the undersigned's home after being summoned to the home for emergency purposes. The undersigned authorizes and voluntarily consents to emergency personnel entering the premises listed here. The undersigned authorizes and voluntarily consents to emergency personnel exercising their discretion to gain entry to the undersigned'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. 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.

After review and acceptance of the application, the lockbox will be delivered to the residence by the Longmont Fire Department where the house key will be placed in the lockbox and locked. The key will be secured by attaching the lockbox to the undersigned's home.

Please return application to Longmont Meals on Wheels, 910 Longs Peak Ave, Longmont, CO 80501.

**EACH RESIDENT (Over the age of 18 years) AT THE HOME ADDRESS LISTED ABOVE IS REQUIRED TO SIGN AND DATE THIS AGREEMENT.**

\_\_\_\_\_  
Signature of Program Participant

\_\_\_\_\_  
Signature of Additional Adult Resident

\_\_\_\_\_  
Printed Name of Program Participant

\_\_\_\_\_  
Printed Name of Additional Adult Resident

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PLEASE NOTE:**

If the lockbox is no longer needed or the key to your home changes, please call Longmont Meals on Wheels (303) 772-0540, so that we can remove or change the key placed in the box.

**Release by Resident (or Resident/Owner)  
Longmont Meals on Wheels Lockbox Program in  
Partnership with the Longmont Fire Department**

This Release is executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by the undersigned as owner and/or resident of property located at \_\_\_\_\_, Longmont, Colorado 8050\_\_\_\_ (hereinafter "Releasor"), Longmont Meals on Wheels, Inc. ("LMOW") and the City of Longmont, a Colorado municipal corporation, 350 Kimbark St., 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 LMOW Clients, 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 or the City and their employees, officers, agents and attorneys regarding the undersigned's safety or wellbeing.

Releasor expressly authorizes and provides voluntary consent for LMOW, LFD, LPD, Longmont Ambulance and other EMTs, and/or paramedic responders to enter my residence in response to any reasonable concern they may have related to my safety or medical condition. Releasor further releases all LMOW staff, fire and/or police 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. Once the lockbox is installed, LMOW, fire, police and EMS personnel can only use the lockbox to gain access to the undersigned's home after being summoned to the home for emergency purposes. 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 and agrees that the lockbox is, and shall at all times remain, the property of LMOW. Releasor shall immediately report the loss of or damage to the lockbox to LMOW and shall return the lockbox to LMOW when no longer in use. If LMOW removes the lockbox, the key shall be returned to Releasor. If Releasor is not available due to death, serious illness, or other reason, Releasor authorizes LMOW or The City to destroy the key.

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.

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

**RELEASOR**

\_\_\_\_\_  
By: (please print name)      Signature      Date

\_\_\_\_\_  
By: (please print name)      Signature      Date

Address Releasor is providing voluntary consent to enter:

\_\_\_\_\_  
\_\_\_\_\_