



Helping You Stay Safe, Connected & Independent

Please take a moment to answer the following questions. This helps us customize your technology setup for your health, comfort, and security.

GENERAL INFORMATION

• Name: _____

• Phone Number: _____

• Address: _____

• Preferred Contact Method: ? Phone ? Text ? Email

• Emergency Contact Name & Number: _____

SAFETY & HEALTH SUPPORT

• Would you like automatic medication reminders (via Alexa, smartwatch, or phone)?

Yes No Maybe / Need More Info

• Are fall alerts or emergency detection systems (through smart watch or sensors) important to you?

Yes No Not Sure

• Would you like appointment reminders (doctor visits, physical therapy, etc.)?

Yes No

• Do you currently wear or want help setting up a smartwatch for health monitoring?

I have one I'd like one Not Interested

• Are you or anyone in the home hearing impaired?

Yes No

If yes, would you like:

Smart doorbell with visual alerts

Caption phone installation

Visual alerts for alarms & notifications

ACCESSIBILITY & COMFORT

• Would you like to control your lights, thermostat, and locks by voice (using Alexa or other smart systems)?

Yes No Need More Info

• Do you need smart lighting that turns on automatically when you enter a room or at certain times of day?

Yes No