

## Emergency Contact Information

*In case of emergency (for DFTA office use only)*

**YOUR PHONE NUMBER:**

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**EMERGENCY CONTACT:**

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**CONTACT'S DAYTIME PHONE NUMBER:**

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**CONTACT'S EVENING PHONE NUMBER:**

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Return your application to:  
NYC Department for the Aging  
ATTN: Carrier Alert Program  
2 Lafayette Street, 15th Floor  
New York, NY 10007



New York City Department for the Aging  
Mayor's Office for People with Disabilities  
United States Postal Service  
National Association of Letter Carriers



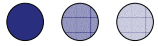
## CARRIER ALERT PROGRAM

Enrollment Form



Michael R. Bloomberg, Mayor, City of New York





# Enrollment Form

**YES!** I want to enroll in the Carrier Alert Program. I understand that DFTA will share my address with USPS in order to complete my registration. My letter carrier will place the Carrier Alert sticker in my mailbox for me. I am providing my telephone number *and* an emergency contact person's telephone number to assist DFTA in providing services to me if necessary. **(NOTE: Eligible applicants must have their mail delivered by letter carriers to a mailbox or mail bank at their house or apartment building.**)

**NAME (please print):**

\_\_\_\_\_

**DATE OF BIRTH (month/day/year):**

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**MAILING ADDRESS (include apartment number and zip code):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARE YOU DISABLED? (check one)**

\_\_\_\_\_ **Yes**      \_\_\_\_\_ **No**

## AUTHORIZATION AND RELEASE OF LEGAL LIABILITES

(Your registration will not be complete unless this form is filled out)

I hereby expressly authorize the Carrier Alert Program, under the direction of the New York City Department for the Aging (DFTA), to use this information in case of an emergency. I understand that this information will be held confidential and will be kept by the Carrier Alert Program. I also expressly authorize the United States Postal Service (USPS) to alert DFTA if there is an accumulation of mail in my mailbox. If I am to be away (e.g., on vacation or in the hospital), I will inform the letter carrier in writing in advance and cover the sticker in my mailbox.

I understand that this is a voluntary program and that my route is not always served by the same letter carrier. I understand that, in order to participate in the Carrier Alert Program, I must have an external mailbox or an apartment building mail bank where a USPS letter carrier deposits my mail (this excludes building management/staff delivery of mail).

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My letter carrier will determine if my mailbox is suitable. I will await confirmation from DFTA that my application has been approved.

I may terminate my participation in this program by providing written notice at least thirty (30) days prior to the date of termination.

I understand that this program is intended to enhance the safety of the elderly and disabled populations, and that my voluntary enrollment does not create legal duties on the providers. Therefore I agree not to sue DFTA, the Mayor's Office for People with Disabilities (MOPD), the National Association of Letter Carriers (NALC), and USPS for any damage or injury which occurs as a result of my participation in this program.

**NAME (print):**

\_\_\_\_\_

**SIGNATURE:**

\_\_\_\_\_

*continued*