



# South River Office On Aging

55 Reid Street, South River, NJ 08882  
Phone: (732) 257-2340 Fax: (732) 390-3470  
www.southrivernj.org  
srseniors@southrivernj.org

OFFICE ON AGING USE ONLY

DATE RECEIVED \_\_\_\_\_

\_\_\_\_\_  
APPROVED

\_\_\_\_\_  
DENIED

DATE OF INSTALLATION \_\_\_\_\_

## BATHROOM SAFETY PROGRAM APPLICATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Race: (Circle) Black Hispanic Asian American Indian White Other (write in) \_\_\_\_\_

Do you live alone? (Circle) Yes / No

Are you frail and/or disabled? (Circle) Yes / No

If yes, please briefly explain:

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

Are you a current beneficiary of PAAD, Medicaid or Food Stamps? (Circle) Yes / No

If yes, please list current benefit programs:

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

Are you a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Do you own your home? (Circle) Yes / No

If no, has the owner granted permission to install safety fixture(s)? (Circle) Yes / No Initial \_\_\_\_\_

PET INFORMATION:

Dogs? (Circle) Yes / No

If yes, how many and what breeds? \_\_\_\_\_

Cats? (Circle) Yes / No

If yes, how many? \_\_\_\_\_

LIABILITY RELEASE:

In consideration of my participation in the "Bathroom Safety Program," the undersigned, to the fullest extent permitted by law, hereby agrees for the undersigned and the undersigned's heirs and representatives, to indemnify and hold harmless the Borough of South River and their respective employees, officers and attorneys from and against any and all claims, suits, judgments, losses, damages, personal injuries (including but not limited to death), or liability (including reasonable attorney's fees), directly or indirectly arising from or in connection with the undersigned's participation in the "Bathroom Safety Program." I further understand that I am acknowledging and assuming any risk associated with my participation in the "Bathroom Safety Program." The undersigned acknowledges and agrees that the undersigned's participation in the "Bathroom Safety Program" is voluntary and that said Program is being offered only as a courtesy. I also understand and agree that the "Bathroom Safety Program" is not intended in any way whatsoever to create or impose a special duty on the Borough of South River and their respective employees, officers and attorneys regarding the undersigned's safety or well-being.

\_\_\_\_\_  
Primary Program Participant (PRINT NAME)

\_\_\_\_\_  
Secondary Program Participant (PRINT NAME)

\_\_\_\_\_  
Primary Program Participant (SIGNATURE)

\_\_\_\_\_  
Secondary Program Participant (SIGNATURE)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**PLEASE RETURN COMPLETED APPLICATION TO:**

**SOUTH RIVER OFFICE ON AGING  
HUMAN SERVICES BUILDING  
55 REID STREET  
SOUTH RIVER, NJ 08882**

**INCOMPLETE SUBMISSIONS WILL NOT BE CONSIDERED**