

PROGRAM OVERVIEW

YOU ARE NOT ALONE, or Y.A.N.A., is an outreach program for citizens living alone, who, for whatever reason, are homebound. Members of the Santa Ana Police Volunteers In Policing Program (VIPS) monitor the welfare of Y.A.N.A. participants with personal calls and/or visits at their homes regularly. This service is provided free of charge. The VIPS are a group of concerned citizens, who volunteer their time to patrol business, residential areas and address community concerns. They are clearly recognizable by their blue and white Santa Ana Police department uniforms.



It takes only a few minutes to enroll yourself or a loved one in the Y.A.N.A. Program, using the registration form on the back.

You will gain peace of mind knowing that the trained VIPS on patrol will be looking out for you or someone you care about.

YOU ARE NOT ALONE PROGRAM APPLICATION

Available Online at:

<http://www.ci.santa-ana.ca.us/pd/forms.asp>

**FOR MORE INFORMATION PLEASE
CONTACT THE SANTA ANA POLICE
DEPARTMENT:**



**SANTA ANA POLICE DEPARTMENT
60 CIVIC CENTER PLAZA
SANTA ANA CA 92701
TEL: 714-245-8028
FAX: 714-245-8090**

SANTA ANA POLICE DEPARTMENT

**YOU ARE NOT
ALONE
(Y.A.N.A.)
PROGRAM**





SANTA ANA POLICE DEPARTMENT



YOU ARE NOT ALONE (Y.A.N.A) WAIVER FORM

The above referenced Client by his/her own accord or through his/her legal guardian identified above hereby requests to be enrolled in the Santa Ana Police Department's Volunteers in Police Service (VIPS) You Are Not Alone (YANA) Program.

- As staffing permits, VIPS will visit the Client or make personal phone calls for the purpose of doing an in person check.
- Situations observed by any VIPS member or Santa Ana Police Officer in connection with Client's participation in the program that alludes to possible criminal conduct, abuse or neglect will be reported immediately to the Santa Ana Police Department on-duty Watch Commander.

The Client by his/her own accord or through his/her legal guardian identified above in consideration for acceptance in this voluntary, no cost, public service program hereby acknowledges and agrees to the following:

- Client and/or legal guardian must verify the accuracy of all information provided on this application.
- Client and/or legal guardian is responsible for providing updates to information contained on this application throughout his/her participation in the program as changes occur.
- Client and/or legal guardian is responsible for providing prior notification to the VIPS by telephoning **(714) 245-8736** and speaking to a member of the VIPS or by leaving a recorded message, of the dates the Client will not be in the residence to respond to telephone or in person welfare checks.
- **Terminating** participation in the YANA program. Client and/or legal guardian is responsible for providing written notification to:

**Santa Ana Police Department / VIPS
Field Operations Bureau
60 Civic Center Plaza
Santa Ana, California 92703**

- **VIPS will not provide any medical assistance, service or advice; travel or transportation assistance; labor; or financial assistance or advice as part of the YANA program. Any such needs remain the responsibility of the Client, his/her legal guardian or caregiver.**
- Due to Client's participation in the YANA program, the City of Santa Ana, the Santa Ana Police Department, the VIPS program and their officers, employees and volunteers may be provided by Client or his/her legal guardian or emergency contacts certain health information as listed above or disclosed during the course of the program. Such health information may qualify as protected health information (PHI) under the HIPAA Privacy Rule. The City of Santa Ana, the Santa Ana Police Department, the VIPS program and their officers, employees and volunteers are authorized to use, disclose, or discuss this information with Client, his/her legal guardian, the above referenced emergency contacts or any emergency medical personnel as necessary to perform the services referenced herein.

- Client and/or his/her legal guardian consent to all aspects of the YANA service including, if necessary, forced entry into Client's residence to complete a welfare check, and summoning of emergency medical assistance. The City of Santa Ana, the Santa Ana Police Department, the VIPS, and their officials, employees and volunteers shall not be responsible for any damage to Client's residence caused by such forced entrance. Likewise, the City of Santa Ana, the Santa Ana Police Department, the VIPS, and their officials, employees and volunteers shall not be responsible for the cost of any emergency or subsequent medical care when emergency medical assistance is summoned by the VIPS or Santa Ana Police Department.
- The Santa Ana Police Department, may, in its sole discretion, terminate this service at any time.
- Technical problems, scheduling problems, human error, or other problems may result in a failure of the service at any time.
- The City of Santa Ana, the Santa Ana Police Department, and the VIPS do not represent, warrant or guarantee that the YANA program will protect or preserve the health or welfare of the Client.

I, the undersigned, hereby acknowledge and agree **to hold harmless, indemnify and defend the City of Santa Ana, Santa Ana Police Department, the VIPS program, their officers, elected officials, agents, volunteers, boards, departments, and employees from and against** any and all actions or causes of action occurring or arising as a result of the purpose described herein or any activities incidental thereto wherever or however the same may occur, including but not limited to claims of other parties claiming financial interest in the Client residence or estate, and I do **release, waive, discharge and relinquish** any action or cause of action, which may hereafter arise. **IT IS THE INTENTION OF THE UNDERSIGNED BY THIS INSTRUMENT, TO EXEMPT AND RELIEVE THE CITY OF SANTA ANA, THE SANTA ANA POLICE DEPARTMENT, THE VIPS PROGRAM AND THE RELATED PARTIES MENTIONED HEREIN, FROM ALL LIABILITY FOR ANY AND ALL LOSSES, DAMAGE OR INJURY RELATED TO OR CAUSED IN CONNECTION WITH THE ABOVE DESCRIBED PROGRAM.**

Signature of Client/Legal Guardian _____ Date _____

Witness: _____ Date _____