

# Please complete this form if your agency provides Personal Emergency Response Systems.

If this form does not apply, please disregard.

## Personal Emergency Response System Rate Specification

Agency: \_\_\_\_\_

### CHOICE rates (\$30 maximum for CHOICE monthly service)

BASIC MONITORING SERVICE (MONTHLY): \_\_\_\_\_

ENHANCED/SERVICE PLUS, ETC. SERVICE (MONTHLY): \_\_\_\_\_

EXTRA BUTTON, SAME HOUSEHOLD (MONTHLY): \_\_\_\_\_

INSTALLATION FEE: \_\_\_\_\_

OTHER:

### PRIVATE PAY rates (OPTIONAL)

BASIC MONITORING SERVICE (MONTHLY): \_\_\_\_\_

ENHANCED/SERVICE PLUS, ETC. SERVICE (MONTHLY): \_\_\_\_\_

EXTRA BUTTON, SAME HOUSEHOLD (MONTHLY): \_\_\_\_\_

INSTALLATION FEE: \_\_\_\_\_

OTHER:

*This information will assist our Options Counselors when providing information to callers not receiving services funded through Generations programs.*

Completed by: \_\_\_\_\_  
Staff Name (printed) Staff Title Date