

# Carrier Alert

## Personal Information

Name

Address

Zip

Phone

Email

Alert Categories

Medical Need

Single Adult

Elderly

Other:

If mail is not picked up daily we will notify you or your emergency contacts.

## Emergency Contacts

1. Name

Address

Phone

Relationship

2. Name

Address

Phone

Relationship

## Authorization

I hereby authorize the Postal Service to notify the community partners (Department of Social Services and Department of Public Safety) to alert the emergency contact persons named, and to take other emergency action to give me aid when there is reason to believe that I am in need of help.

**Applicant Name**

**Date**

**LFUCG Staff**

**Date**

**Would you like more information on any of the other Lexington CARES programs?**

Yes

Please fold and return sealed form to your local Post Office, Letter Carrier , or mail it to the address located on the bottom of this form.. To complete the form on-line, visit [www.bereadylexington.com](http://www.bereadylexington.com). Click on Forms and select the 'Carrier Alert' form in the list. Thank you for your participation.



(Fold on dotted line so address shows on outside for mailing. Fold top of paper down inside this fold and secure)

**Carrier Alert**  
**United States Postal Service**  
**Lexington KY 40511**

**Lexington Dept of Social Services**  
**200 E Main St, #328**  
**Lexington KY 40507**