

Care Provider Information

1. Organization name _____
2. Care provider contact name _____
3. Care provider contact telephone number _____
4. Care provider contact email address _____

Desired Date of Installation _____**Residence Information**

5. Resident name _____

6. Address:

7. Telephone number _____

Broadband Internet Information

8. Existing broadband service in residence? ___ Yes ___ No

9. Name of current broadband supplier _____

10. If no existing broadband service, telephone service provider _____

11. If internet service includes a static IP address (i.e. to support cameras only):

IP address _____

IP net mask _____

IP gateway _____

IP address DNS 1 _____

IP address DNS 2 _____

Additional Information for Group Homes ONLY

12. Approximate size of residence

a) Number of floors requiring monitoring _____

b) Approximate square ft per floor _____

13. Construction of residence

a) Walls _____

b) Floors _____

c) Ceilings _____

14. Location and type of devices

Location	Type of Device	Comments
Entry 1		
Entry 2		
Kitchen		
Living Room		
Family Room		
Bathroom 1		
Bathroom 2		
Bedroom 1		
Bedroom 2		
Bedroom 3		
Other		

Note: Identify location of rooms in Comments for installers to locate devices (where is bedroom 1). Provide approximate size if rooms are unusually large or irregularly shaped.

Title: FM-L-0204-00 Residence Estimating Requirements

Rev: 04

Prepared by: Karissa Torntore _____

Approved by: Ron Denn _____

Effectivity Date: 15-Oct-09

Revision History:

Revision	Date	Description of changes	Requested By
00	15-Oct-09	Initial Release	Terry Barck
01	07-Jan-10	Reformatted	Terry Barck
02	23-Mar-10	Added step 11 static IP requirements	Terry Barck
03	16-Mar-10	Change name from "Residence" to "Home"	Terry Barck
04	18-March-13	New Logo and New Font	Karissa Torntore