



# FILE OF LIFE

The **File of Life Program** is a means of ensuring that vital information about elders and persons with disabilities is available to emergency personnel in a crisis situation. When emergency services are needed, people often forget, cannot speak, or are unable to find or remember important information needed for their medical situation. The **File of Life Program** provides a standard method of securing this information.

This **File of Life** packet should include this information sheet and another on resuscitation guidelines, a magnetized plastic "file" containing a folded emergency information card, and a **File of Life** sticker. Instructions for their use are as follows:

- 1) **Remove backing from the File of Life sticker and place one on the outside of the front door (apartment, home, duplex, etc.) at eye level.**
- 2) **Complete the File of Life emergency information card(s), one for each elder or person with a disability in the household; place the card in the magnetized plastic file. The resuscitation guideline sheet may also be placed in the file.**

**It is extremely important that you Keep all of the information up to date. Please revise this information as often as your medical situation or medication changes.**

**If needed, additional emergency information cards and/or stickers are available by calling 651-266-3613.**

- 3) **Place your magnetized File of Life, containing your vital emergency information on the front of your refrigerator. Keep it clear of other clutter and easily visible.**

The Ramsey County Sheriffs, St. Paul Paramedics, St. Paul Police and Fire Department will use the **File of Life** information you have supplied on your emergency form. Thank you for participating in this valuable program and helping medical personnel give you the best emergency medical care possible.

**IN AN EMERGENCY CALL 911 - *Use the 911 number only for real MEDICAL emergencies or to report a FIRE, or a CRIME.***

# SERVICES FOR ADULTS IN RAMSEY COUNTY

## Financial Assistance - 651-266-4444

Cash, medical assistance, and food stamps are sometimes available for persons with very low incomes. When someone dies without funds to provide for funeral costs, the county may be able to provide limited help; funeral homes in the county can provide application forms.

## Senior Linkage Line/Meals on Wheels 1-800-333-2433

Delivering meals and much more. This program not only delivers a nutritious meal to the door but in doing so it provides a daily check on the recipient's wellbeing. Donations for the service are encouraged, but not required. The number listed is the Senior Linkage Line; a referral will be made to the local program available to serve the resident.

## Mental Health/Chemical Dependency Services 651-266-7900

Screeners assist individuals to sort out mental health or chemical dependency services they, or someone they are concerned about, may need. Crisis workers are also available to respond to an immediate mental health issue.

## Pre-Admission Screening/Alternative Care 651-266-3613

County staff will help individuals 65 and older evaluate options that would prolong their ability to live safely in their community setting rather than a nursing home. Persons of frail health, with low/modest incomes, can receive these services at no cost or a cost set by their ability to pay. Some Medical Assistance eligible disabled individuals under 65, may also qualify for assistance.

## File of Life 651-266-3613

A program that ensures that vital information is available to emergency personnel in a crisis situation. Call to request that a packet containing a medical information sheet to be filled out by the resident, a plastic file to store the information sheet in, and a sticker to place on door to alert emergency personnel that the File of Life information is on the resident's refrigerator.

Apartment managers, senior groups, medical clinics, etc. that want multiple packets of Files of Life for the people they work with can email [HWA.receptionist@co.ramsey.mn.us](mailto:HWA.receptionist@co.ramsey.mn.us)

## MN Adult Abuse Reporting Center 1-844-880-1574

Screeners are available to assess the need for investigation, intervention, service delivery for adults whose personal safety may be in question. Emergency calls are taken between 5 p.m. and 8 a.m. at 651-291-6795.





**Residential Emergency Response Information Form  
Ramsey County Emergency Communications Center**

This information will be used in responding to emergencies at your residence. It may be relayed by the Ramsey County Emergency Communications Center staff electronically or by radio to police officers, firefighters, paramedics, or other emergency personnel during an emergency.

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

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

City: \_\_\_\_\_

Phone numbers: Home                      Work                      Cell  
                    ( ) \_\_\_\_\_                      ( ) \_\_\_\_\_                      ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

**Medical Information**

Special conditions \_\_\_\_\_

Medications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_

**Special contacts**

Clinic/Physician: \_\_\_\_\_

Clinic/Physician phone number(s): \_\_\_\_\_

Hospital name and phone number: \_\_\_\_\_

**Contacts**

**Note:** The following should be individuals who live fairly close to you and could respond to assist police officers, firefighters, paramedics, and other emergency personnel in entering or securing your home during an emergency.

Name/Relationship: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Name/Relationship: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Name/Relationship: \_\_\_\_\_

Phone number(s): \_\_\_\_\_

Under Minnesota law, an individual asked to provide personal information must understand and agree to the following:

- A. The purpose of requesting the data on this form is to provide needed information to the identified emergency personnel to better assist me and my family in an emergency situation.
- B. Completing this form with personal information is completely voluntary. I can refuse to provide the information and can revoke the release of the personal information at any time.
- C. This information will be disclosed to police officers, firefighters, paramedics, personnel at the Ramsey County Emergency Communications Center, and other emergency personnel for use in an emergency.
- D. The persons to whom the information is disclosed as described in Section C maintain the discretion to use or not use the information as deemed appropriate by them. Neither Ramsey County nor any of the government entities or their employees or subcontractors shall be liable for any loss or damage resulting from the good faith exercise by them of their discretion to use or not use the provided information.
- E. I have independently made the determination that it is beneficial to me and my family for the identified emergency personnel to have this data.
- F. It is my responsibility to provide updates to the information provided on this form. Neither Ramsey County nor any of the government entities shall be liable for any loss or damage resulting from reliance by their emergency personnel, including employees and subcontractors, on the information in this form that is incorrect or out of date.

I have read and agree to all of the above points. To the best of my knowledge the information I have provided in this form is true and accurate. **I understand this information will be purged one year from the date on the form and it is my responsibility to submit an updated form to the Emergency Communications Center.** If information should change please let us know.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please fax to the ECC CAD Help Desk at 651-266-7705, email to [eccsupport@co.ramsey.mn.us](mailto:eccsupport@co.ramsey.mn.us) or mail to ECC CAD Help Desk, Ramsey County Emergency Communications Center, 388 13<sup>th</sup> St., St. Paul, MN 55101.



# VIAL OF LIFE

Medical Information Form

Vialoflife.com • 1-888-724-1200

DATE COMPLETED:

FIRST NAME		INITIAL		LAST NAME		PETS IN HOME	
STREET			CITY		STATE		ZIP
TELEPHONE	DOB	MALE/FEMALE	HEIGHT	WEIGHT	HAIR COLOR	EYE COLOR	BLOOD TYPE
RELIGION	List Hearing Difficulties					DENTURES	UNABLE TO SPEAK
List Vision Difficulties	UPPER	LOWER					
PRIMARY LANGUAGE (IF NOT ENGLISH)							
Identifying Marks							
Current Medical Conditions							
Past Medical Conditions							
Current Medications: Dosage & Frequency							
Allergies to Medications							
Doctor's Name & Phone Number							
Last Hospitalization							
Special Instructions (Such as Health Directives, Etc..)							
Health Insurance Policy							
Emergency Contact Name, Address, Phone Number, & Relationship							
<b>PRINT CLEARLY</b>							