



Orangeburg County Sheriff's Office

SHERIFF LEROY RAVENELL

1520 Ellis Avenue
P.O. Drawer 9000
Orangeburg, SC 29116-9000
Phone (803) 531-4647
Fax (803) 515-1899
www.orangeburgcounty.org/ocso

Prospective Participants and Family Members:

The "R U OK?" Program is a service to the citizens of Orangeburg County that provides participants and family members with a secure and reliable method to contact you or your loved one daily.

Each work day, a member of the Sheriff's Office staff or volunteer will contact a registered participant to verify they are mentally and physically well. The employee or volunteer will maintain a record of the times called each week as well as the questions asked as a measure of accountability on the part of this agency. If the employee or volunteer will not be able to call, we have identified a backup who will make the calls in their place. If the registered participant is not reached after three call attempts, the emergency contact will be notified. In the event the emergency contact can not physically check on the participant, a Deputy Sheriff will be dispatched to the residence.

An application and consent form are attached and can be turned in at our Prince of Orange Mall office or at the Law Enforcement Complex at 1520 Ellis Avenue.

If you have questions about the program, please contact Virga Fuller at 803-533-6275 or via email at vfuller@orangeburgcounty.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Leroy Ravenell", with a long horizontal flourish extending to the right.

Sheriff Leroy Ravenell



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Are You OK? Program Application

PARTICIPANT	NAME			
	STREET ADDRESS			
	CITY		ZIP CODE	
	PHONE NUMBER		DOB	
	LIVES ALONE	<input type="checkbox"/> Yes <input type="checkbox"/> No	ABLE TO WALK	<input type="checkbox"/> Yes <input type="checkbox"/> No
	PETS	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Inside <input type="checkbox"/> Outside	TYPE	
	CO RESIDENTS			
	PHYSICAL IMPAIRMENTS			
	LOCATION OF MEDICAL INFORMATION			
	KNOWN ALLERGIES			
MEDICATIONS				

EMERGENCY CONTACT	NAME			
	STREET ADDRESS			
	CITY		STATE	ZIP CODE
	HOME PHONE		MOBILE PHONE	
	EMAIL ADDRESS			
Key to Premises <input type="checkbox"/> Yes <input type="checkbox"/> No				

NEXT OF KIN	NAME			
	STREET ADDRESS			
	CITY		STATE	ZIP CODE
	HOME PHONE		MOBILE PHONE	
	EMAIL ADDRESS			
Key to Premises <input type="checkbox"/> Yes <input type="checkbox"/> No				

DOCTOR	NAME			
	OFFICE ADDRESS		PHONE NUMBER	

CLERGY/ PASTOR	NAME			
	CHURCH'S NAME		PHONE NUMBER	

A New Day in Orangeburg County!



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Are You OK? Program

Consent Form

I, _____, agree to participate in the

Orangeburg County Sheriff's Office Are You OK? Program. I hereby give my permission to emergency and law enforcement representatives to respond to any perceived emergency situation involving my health and/or safety.

I am voluntarily providing the contact information of a relative or friend who has access to my home so that emergency personnel will be able to enter my home in the event of an emergency.

It is my understanding that the information listed on the application will be released to Law Enforcement and Emergency Medical Personnel as necessary during my participating in the Are You OK? Program.

PARTICIPANT'S SIGNATURE

DATE

FAMILY MEMBER'S SIGNATURE

DATE

SHERIFF'S OFFICE STAFF SIGNATURE

DATE

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