



NIGHT OWL SUPPORT SYSTEMS, LLC

## NOSS Supports Checklist

Date: \_\_\_\_\_

Name(s) of Guest: \_\_\_\_\_

Birthdate(s) of Guest: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

### CASE MANAGER

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

Phone: \_\_\_\_\_

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

### PRIMARY CONTACT

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

Phone: \_\_\_\_\_

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

Anticipated dates of your stay: \_\_\_\_\_

Cell Phone number for guest:  No  Yes – Cell number: \_\_\_\_\_

Evening staff Arming/Activating system:  No  Yes – Time: \_\_\_\_\_

Morning staff arrival required?:  No  Yes – Time: \_\_\_\_\_  
(if required, system remains on)

Responder: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Back-up Responder: \_\_\_\_\_ Cell Phone: \_\_\_\_\_



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Activity Reports:  Yes  No  
 Daily  Weekly  Monthly  
Email(s): \_\_\_\_\_

**Other important information:**

**Equipment available to guests: *(ALWAYS IN USE)***

- Panel
- Smoke Detector
- Personal Pagers – (necklace, watchband and/or mounted bathroom pager), Flood Sensor (in bathroom)
- Thermostat Sensor
- Exterior Door Sensors
- Window Sensors
- Cabinet Sensor
- Refrigerator Sensor
- Freezer Sensor
- Bed Sensor (sends an alert if someone has been out of bed for a predetermined amount of time)
- Motion Sensors

***\*\*\*Please note this form is for the Remote Pilot Home ONLY. If you will be utilizing NOSS services in your own home, please fill out the NOSS Referral Form\*\*\****