

Carrier Alert
United States Postal Service
Lexington, KY 40511

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

Lexington Division of Aging and Disability Services
200 E. Main Street
Lexington KY 40507



*Lexington Aging and
Disability Services*
859-278-6072
www.lexingtonky.gov/aging



Carrier Alert

Available for people
living alone or with
special needs

Carrier Alert

Everyone who lives alone needs a little help from time to time.



This program is a collaboration with the United States Postal Service and Lexington Aging and Disability Services

How Carrier Alert Works:

- Register for the program. Your Letter Carrier will put a Carrier Alert sticker in your mailbox.
- Your Letter Carrier will then watch for unusual accumulation of mail. **NOTE:** you must notify the Postal Service if you will be away (Hold mail request etc.)
- The Letter Carrier will notify a Postal Service supervisor who will then notify the Lexington Division of Aging and Disability Services. They will attempt to contact you by phone to see if you're okay.
- If you cannot be reached, the representative will call the emergency contacts on your registration form.
- As a last resort, the Division of Aging and Disability Services will notify 9-1-1, and a public safety representative will be dispatched to your home to check on your health and well being.

How to register

- Simply complete the application to the right and put it in the mail (no postage necessary).

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Personal Information

Name _____

Address _____

Phone _____

Email _____

Alert Categories

- Medical Need
- Single Adult
- Elderly
- Other: _____

If mail is not picked up daily, we will notify emergency contacts

Emergency Contacts

Name _____

Address _____

Phone _____

Relationship _____

Name _____

Address _____

Phone _____

Relationship _____

Authorization

I hereby authorize the Postal Service to contact the community partner (Lexington Aging and Disability Services) 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.

Signed _____ Date _____

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