



# HELP FIGHT THE OPIOID CRISIS

*The purpose of the program is to safeguard opioid prescription medications in the home environment. Eligible participants will receive a **FREE** lock box.*

Do You Meet This? If So, Sign-up Below...

- 50 Years of Age or Older
- Tribal Resident
- Take Chronic Pain Medication

**Fill out the information below and return back to Pharmacy or the CHR program:**

|   |           |                               |                   |
|---|-----------|-------------------------------|-------------------|
| RETURN TO AGING PROGRAM OFFICE          |           | Participant Information       |                   |
| Name:                                   |           | * Lock Box Installation Date: |                   |
| Sex:                                    |           | Ideal location for Lock Box:  |                   |
| Address:                                |           |                               |                   |
| State:                                  | Zip Code: | Tribal Affiliation:           |                   |
| Other phone number:                     |           |                               |                   |
| Home originally funded by (circle one): |           | Tribe (HUD)                   | Self      BIA/HIP |
| Any history of medication theft?        |           | Yes                           | No                |
| Were you a focus group participant?     |           | Yes                           | No                |

\*If selected, you will get a phone call to set up an appointment to receive your lock box!

I hereby agree to receive a lock box and grant permission to project team members to conduct follow-up visits with me after 30 days and after 60 days seeking information on my interest with the medication lock box. The lock box will be mine to keep and I understand that the lock boxes might be mounted on the wall. I assume responsibility for any damages to the wall related to installation.

There are a limited availability of lock boxes, completion of this form does not guarantee a lock box.

|            |               |
|------------|---------------|
| Signature: | Today's Date: |
|------------|---------------|