

The Partner Portal has functionality to generate a PDF of a Site's Care Plan Agreement (CPA) to be printed/mailed as needed. There are multiple areas in the portal where these can be generated as indicated by the printer icon:



Once selected, a warning will display indicating that changes to the PDF will not be saved into the database. This is to ensure that all changes are submitted via a Change Request and the PDF is just a view of the information on the Site. You can click *Yes, Please continue* to proceed.

Note: Check the *Do not show this warning next time* box to dismiss this message permanently.

The PDF will generate in a new tab and can be saved or printed using the icons in the top right corner of the screen

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Lifeline

Lifeline Care Plan Agreement

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Please complete this Care Plan Agreement with information that you would like the Lifeline trained care specialists to have ready in case of an emergency. Please return this Care Plan Agreement to Lifeline using the envelope included with your equipment box.

Information about the Subscriber/Care Recipient

First Name Alyse	Last Name B2BTesting	Middle Name
Phone-Home 50499841206	Phone-Cell	Email Address
Preferred language English <input checked="" type="checkbox"/> Spanish <input type="checkbox"/> Other <input type="checkbox"/>	Gender Male <input type="checkbox"/> Female <input checked="" type="checkbox"/> Other <input type="checkbox"/>	Date of birth 01/18/1950
Home Address Street, number 215 TRACY RD 06241 CT		Additional Information Hidden key location Lockbox front door LockBox Code: 1234
City DAVVILLE	State CT	Zip Code 06241
Township/Municipality	County	Directions to home Test
		Cross Street
Home warning (e.g. dog)		

Medical Information

<input type="checkbox"/> Alzheimer's	<input type="checkbox"/> Asthma	<input type="checkbox"/> Blood Pressure Problems
<input checked="" type="checkbox"/> Breathing Problems	<input type="checkbox"/> Congestive Heart Failure	<input type="checkbox"/> COPD
<input type="checkbox"/> Dementia	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> History of Falls
<input type="checkbox"/> History of Stroke	<input type="checkbox"/> Immunological	<input type="checkbox"/> None Reported
<input type="checkbox"/> On Blood Thinners	<input type="checkbox"/> Psychological Disorder	<input type="checkbox"/> Vertigo/Dizziness
<input type="checkbox"/> Other :		

Information about Caregivers

Caregiver One

First Name Evan	Last Name B2BTest	Relationship to Care Recipient Cousin
Email Address	Phone Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input checked="" type="checkbox"/>	