

# VILLAGE OF BOSTON HEIGHTS SENIOR WATCH PROGRAM

45 EAST BOSTON MILLS ROAD, BOSTON HEIGHTS, OH. 44236 PHONE: 330-650-4111 FAX: 330-655-9578

## APPLICATION FORM

NAME: \_\_\_\_\_ DATE OF APPLICATION : \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL/OTHER PHONE : \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SSN: \_\_\_\_\_

**PREFERRED PROGRAM:** "PHONE CALL"  OR "HOUSE VISIT"  NOTE: ALL CONTACTS WILL BE MADE AS MANPOWER AND CIRCUMSTANCES PERMIT. IF THERE IS NO RESPONSE WHEN CONTACT IS ATTEMPTED, THEN THE EMERGENCY CONTACT PERSON WILL BE NOTIFIED. PLEASE ADVISE ON EXTENDED ABSENCES FROM HOME AND RETURN DATE.

### PHYSICIAN (FAMILY/GENERAL)

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

GENERAL HEALTH/ ILLNESSES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

ALLERGIC TO MEDICATION: \_\_\_\_\_

SPECIAL NEEDS: \_\_\_\_\_

### EMERGENCY CONTACTS (FAMILY/NEIGHBORS/FRIENDS)

PRIMARY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

KEY HOLDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

SECONDARY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

KEY HOLDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

### POLICE USE ONLY

APPLICATION FORM # \_\_\_\_\_ START DATE \_\_\_\_\_ END DATE \_\_\_\_\_

**ADDITIONAL INFORMATION (OUTSIDE KEY/ LOCKBOX/ PROVIDE POLICE DEPT. WITH KEY)**

---

---

---

**PETS (INSIDE/ OUTSIDE)**

---

---

**FORCED HOME ENTRY BY OFFICER** (IF CONTACT CANNOT BE MADE WITH PERSON ON SENIOR WATCH PROGRAM, THE BOSTON HEIGHTS POLICE DEPARTMENT WILL MAKE CONTACT WITH ALL EMERGENCY PARTIES AS WELL AS NEIGHBORS. THE BOSTON HEIGHTS POLICE DEPARTMENT WILL CONTINUE TO EXHAUST ALL OPTIONS TO MAKE CONTACT, BUT CERTAIN CIRCUMSTANCES MAY REQUIRE AN OFFICER OR MEMBER OF THE FIRE DEPARTMENT TO MAKE ENTRY INTO THE HOUSE. A SUPERVISOR WILL BE CONTACTED PRIOR TO THE DECISION TO MAKE ENTRY.)

I DO WANT THE BOSTON HEIGHTS POLICE DEPARTMENT TO MAKE ENTRY INTO MY HOME IF THAT CIRCUMSTANCE PRESENTS ITSELF. I UNDERSTAND DAMAGE WILL OCCUR TO MY HOME IF THIS DECISION NEEDS TO BE MADE.

IF I CAN'T BE REACHED, I WILL LEAVE THE DECISION TO MAKE ENTRY INTO MY HOME WITH THE PRIMARY EMERGENCY CONTACT PROVIDED. I UNDERSTAND DAMAGE WILL OCCUR TO MY HOME IF THIS DECISION NEEDS TO BE MADE.

I DO NOT WANT THE BOSTON HEIGHTS POLICE DEPARTMENT TO MAKE ENTRY INTO MY HOME IF I OR MY EMERGENCY PARTIES CAN'T BE REACHED.

SIGNATURE OF RESIDENT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF WITNESSING PRIMARY EMERGENCY CONTACT

\_\_\_\_\_ DATE \_\_\_\_\_

**POLICE USE ONLY**

APPLICATION FORM # \_\_\_\_\_ START DATE \_\_\_\_\_ END DATE \_\_\_\_\_