Lisbon Police Department

CITIZEN OUTREACH for ELDERS PROGRAM

Participant Information Form

Date: _____ (Office use only) Participant #: _____

Name: _____ **DOB:** _____

Physical Address: _____

Mailing Address: _____

Telephone Number: _____- _____- _____

I live alone: YES NO

If no, with whom do you live? _____**Relationship:** _____

1. Primary Emergency Contact person (who lives nearby and would be willing to check your residence if we can't reach you)	**Name:** _____ **Address:** _____ **Telephone Number:** _____ **Relationship:** _____
2. Secondary Emergency Contact person (who lives nearby and would be willing to check your residence if we can't reach you)	**Name:** _____ **Address:** _____ **Telephone Number:** _____ **Relationship:** _____

Primary Care Physician: _____ **Phone:** ____-____-_____

Do you use Lifeline or a similar personal alert system? YES NO If yes, what type?

_____

What in-home services do you receive, if any? _____

Special needs or medical conditions Good Morning workers should be aware of:

1. _____
2. _____

Do you have a key hidden (for emergency use only)? YES NO If yes, where is it located?

_____

Who else has a key? (Name, Address, Phone #): _____

_____

Do you drive a car? YES NO If yes, License Plate Number: _____

Description of car: _____

Person filling out this form if other than applicant (Name, Address, Phone #, relationship)

_____

THIS INFORMATION WILL BE KEPT CONFIDENTIAL and USED BY THE OUTREACH PROGRAM ONLY

Signature of Applicant: _____**Date:** _____

Complete the reverse side of this form ▶

Lisbon Police Department
CITIZEN OUTREACH for ELDERS PROGRAM

PARTICIPANT RELEASE OF INFORMATION AND LIABILITY WAIVER

I, _____or his/her power of attorney[1] _____, DO / DO NOT authorize the Citizen Outreach for Elders Program coordinator to inform the Lisbon Police Department and other law enforcement/emergency communications agencies of my participation in the program and authorize law enforcement agencies to use "forcible entry" if needed to access my house/apartment/mobile home if deemed necessary.

I waive all claims of any type against the Town of Lisbon, the Lisbon Police Department, other law enforcement/emergency communications agencies, and the Citizen Outreach for Elders Program for receiving and disseminating information pertaining to my general well being and safety. I also waive any claims of any type (including, but not limited to, personal injury and property damage) against the above named entities for their action or inaction in the Citizen Outreach for Elders Program. Examples of situations for which I am waiving liability are if the Citizen Outreach for Elders Program is unable to contact me and the law enforcement agency must break into my property to check on my well being, or if due to volunteers not showing up for their shift or busy circumstances at the law enforcement agency, they do not discover that I am deceased or injured. I understand that this program is not intended to be the primary method for ensuring my safety and is merely intended to be a supplement. In addition to waiving all claims of liability against the above named entities, I indemnify them from any claims of liability from me or on my behalf.

Date: _____

Signature: _____

Witness: _____

PLEASE RETURN COMPLETED APPLICATION TO:

LISBON POLICE DEPARTMENT
300 Lisbon St.
Lisbon, ME 04250
ATTENTION: Chief Ryan McGee

_____