

NEW SMYRNA BEACH POLICE DEPARTMENT

POLICE CARE PROGRAM

246 INDUSTRIAL PARK AVENUE
NEW SMYRNA BEACH, FL 32168

PHONE: 386-424-2220

FAX: 386-424-2258



IF YOU LIVE ALONE **POLICE CARE PROGRAM** IS FOR YOU

THE **POLICE CARE PROGRAM** IS A SERVICE PROVIDED TO THE CITIZENS OF NEW SMYRNA BEACH WHO ARE ALONE OR HANDICAPPED, REGARDLESS OF AGE. THIS HELPS KEEP THE PERSON IN CONTACT WITH SOMEONE ON A REGULAR DAILY BASIS.

WE INVITE YOU TO JOIN AND PARTICIPATE IN THIS SERVICE.

(See reverse side for more information.)

TO BECOME A MEMBER OF THE **POLICE CARE PROGRAM**, COMPLETE THE ATTACHED FORM AND RETURN IT TO THE POLICE DEPARTMENT:

NEW SMYRNA BEACH POLICE DEPARTMENT
ATTN: POLICE CARE PROGRAM
246 INDUSTRIAL PARK AVENUE
NEW SMYRNA BEACH, FL 32168

OR CALL: (386)424-2253 OR (386)424-2220

- IF ASSISTANCE IS NEEDED IN FILLING OUT THE FORM, SIMPLY CONTACT THE POLICE DEPARTMENT AND SOMEONE WILL ARRANGE TO ASSIST YOU IN COMPLETING THE APPLICATION.
- ONCE THE APPLICATION HAS BEEN REVIEWED, YOU WILL BE NOTIFIED AND ADVISED THAT YOU HAVE BEEN ACCEPTED AS AN ACTIVE MEMBER.
- AS AN ACTIVE MEMBER OF THE **POLICE CARE PROGRAM**, YOU WILL BE EXPECTED TO CALL THE POLICE DEPARTMENT EVERY DAY NO EARLIER THAN 8:00 AM AND NO LATER THAN 12:00 NOON.
- IN THE EVENT THAT YOU DO NOT CALL, WE WILL SEND AN OFFICER TO CHECK ON YOUR WELL BEING. IF NECESSARY, THE OFFICER WILL ENTER YOUR HOME.
- IF YOU WISH TO CANCEL YOUR MEMBERSHIP FROM THE **POLICE CARE PROGRAM**, SIMPLY NOTIFY US IN WRITING OR CONTACT RECORDS: (386) 424-2220.

REMEMBER TO DIAL

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FOR POLICE, FIRE OR MEDICAL EMERGENCIES

POLICE CARE PROGRAM

NAME: _____ SOC.SEC. # _____

LAST FIRST MIDDLE
ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHYSICAL DESCRIPTION:

DATE OF BIRTH: _____ HEIGHT: _____ WEIGHT: _____ SEX: _____ RACE: _____ HAIR: COLOR

STYLE _____ EYE COLOR _____

MEDICAL INFORMATION:

DOCTOR: _____ DOCTOR'S ADDRESS: _____

DOCTOR'S PHONE: _____

LIST CURRENT MEDICATIONS AND _____

DOSAGE INFORMATION: _____

KNOWN MEDICAL CONDITIONS: _____

NEXT OF KIN: _____

RELATIONSHIP: _____

ADDRESS: _____ CITY: _____ STATE: _____

PHONE: _____ CELL: _____

LOCAL CONTACT: DOES ANYONE ELSE HAVE KEYS TO YOUR HOME? _____

NAME: _____ TELEPHONE: _____

WEEKLY COMMITMENTS PLANNED (i.e. Shopping, Meetings, etc.) _____

PLEASE PUT ME ON THE **POLICE CARE** PROGRAM. I UNDERSTAND THAT I MUST CALL THE POLICE DEPARTMENT EVERY DAY BETWEEN THE HOURS OF 8:00 AM AND 12:00 NOON. IF I FAIL TO CALL, I AUTHORIZE A POLICE OFFICER TO ENTER MY HOME TO CHECK ON MY WELL BEING, IF NECESSARY.

SIGNATURE: _____ DATE: _____

Do Not Write Below This Line

Date Received: _____ Initials: _____