

**CAMBRIDGE POLICE DEPARTMENT
SENIOR WATCH PROGRAM
Enrollment Application**

Name: _____ Date of Birth: _____

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Address (include apartment or unit number): _____

Phone Number(s): _____

Hidden House Key Location: _____

Closest Contact Person with Key and Phone Number(s): _____

Services Requested: _____ Visit _____ Call

Best Time to Visit or Call: _____

Are you D.N.R. (Do Not Resuscitate)? _____

In a medical emergency the "Vial of Life" will speak for you when you can't.
Would you like information on the Vial of Life Project? _____

Please provide the location of all of your medications or the location of a list of
all of your medications: _____

Would you like to receive information on how to protect yourself and your
property? (Example: home security, identity theft, phone solicitors). _____

If the Police Department arrives and finds you in distress or unable to move, do
you give permission for a licensed police officer of Isanti County to force entry
into your residence to provide medical attention? _____

Are there any other services that you need assistance with? (Examples: medical
equipment, Meals on Wheels, rides). _____

All of the information that you have provided will be kept confidential.

Signature(s): _____ Date: _____

_____ Date: _____