



# Munster Police Department **Senior Welfare Check Program Enrollment Form**

**Instructions:** This form is to be completed by any senior citizen of Munster, or an authorized family member of that resident, who is requesting that our department provide phone calls in the event of extreme weather conditions, power outages, or other applicable situations. Please note that the individual listed below will only be checked on during those circumstances.

RESIDENT INFORMATION			
<hr/> <b>LAST</b>	<hr/> <b>FIRST</b>	<hr/> <b>MI</b>	<hr/> <b>DATE OF BIRTH</b>
<hr/> <b>HOME ADDRESS</b>		<hr/> <b>CONTACT NUMBER</b>	
<hr/> <b>PHYSICIAN</b>		<hr/> <b>CONTACT NUMBER</b>	
<hr/> <b>EMERGENCY CONTACT (Relation)</b>		<hr/> <b>CONTACT NUMBER</b>	
<hr/> <b>ADDITIONAL EMERG. CONTACT (Relation)</b>		<hr/> <b>CONTACT NUMBER</b>	
<hr/> <b>MEDICAL ISSUES:</b> _____ _____ _____			
<hr/> <b>CONSIDERATIONS DURING INTERACTION (Use Additional Sheet if Necessary):</b> _____ _____			

The below listed resident, or authorized relative/representative, hereby enrolls the above listed resident into the Munster Police Department's Senior Welfare Check Program.

<hr/> <b>SIGNATURE</b>	<hr/> <b>PRINT NAME</b>	<hr/> <b>DATE SUBMITTED</b>
<b>For Office Use Only:</b>	<b>Date Entered</b> _____	<b>Initials</b> _____