



## "I Live Alone" Form

If you live alone or know of someone who lives alone, enroll in the "I Live Alone" program. An information card about you will contain the names of friends, relatives, doctor and any medical concerns that you may have. This information will be kept in our files should an emergency arise at your address.

**It will be kept strictly confidential.** If you desire, the police or fire staff will make a daily or weekly telephone call to your home with a friendly "How are you?"

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

In case of emergency, contact the persons listed below:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Key Holder? YES  NO

Would you like staff to phone you daily or weekly?

YES  NO  If yes, please specify a time \_\_\_\_\_ Daily  Weekly

Optional:

Family Doctor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Church Attended: \_\_\_\_\_

Known Medical Concerns: \_\_\_\_\_

\_\_\_\_\_