

Bazetta Township Senior Watch Program

2671 McCleary-Jacoby Rd. Cortland, Ohio 44410 Phone 330-638-5503 Fax 330-638-9927

Application Form

Name: _____ Date of Application: _____

Address: _____

Home Phone: _____ Cell/Other Phone: _____

Date of Birth: _____ Age: _____ SSN: _____

Application Requested by: _____ Relationship: _____

Address: _____ Phone/Cell: _____

Preferred Program: "Check In" ____, "Elderly Call" ____, "Senior Watch" ____. Note-All contacts will be made as time is available. If there is no response when contact is attempted then the emergency contact person will be notified. Please advise on extended absences from home and return date.

Physician (Family / General)

Name: _____ Phone: _____

General Health/Illnesses: _____

Special Needs: _____

Allergic to medications: _____

Emergency Contacts (Family/Neighbors/Friends)

Name: _____ Phone: _____ Key Holder: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____ Key Holder: _____

Address: _____ Relationship: _____

Additional Information (Outside key/Lockbox/Etc): _____

Police Use

Zone: _____ Application Number: _____ End Date: _____