

# EATONVILLE SENIOR CARE PROGRAM

NAME: \_\_\_\_\_ SS#: \_\_\_\_\_  
LAST MIDDLE FIRST

ADDRESS: \_\_\_\_\_ PHONE #: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

## PHYSICAL DESCRIPTION:

DATE OF BIRTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SEX: \_\_\_\_\_ RACE: \_\_\_\_\_

HAIR COLOR: \_\_\_\_\_ STYLE: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

## MEDICAL INFORMATION:

NAME OF DOCTOR: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

PLEASE LIST ANY MEDICATIONS (NAME AND DOSAGE) CURRENTLY TAKING:

\_\_\_\_\_  
\_\_\_\_\_

KNOWN MEDICAL CONDITIONS: \_\_\_\_\_

\_\_\_\_\_

## NEXT OF KIN:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

**LOCAL CONTACT:** DOES ANYONE ELSE HAVE KEYS TO YOUR HOME? \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

**WEEKLY COMMITMENTS PLANNED** (i.e. Shopping, Meetings, etc.) \_\_\_\_\_

\_\_\_\_\_

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

SIGANTURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**Do Not Write Below this Line**

\_\_\_\_\_

Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_