SENIOR CITIZEN CALL-IN PROGRAM

The Gilford Police Department’s Senior Citizen Call-In Program serves Gilford residents by aiming to provide a sense of security for senior citizens, their families and friends. Often times, there can be many difficulties faced by seniors. This program is designed to keep our department in touch with community members and to provide additional security to senior citizens.

In order to participate in this program, senior citizens (or a designated family member or friend) are required to complete the attached paperwork and return it to the police department so that it may be kept on file.

Each day, seniors are to call the police department at 527-4737 by 9:00am in order to speak and “check-in” with a public safety dispatcher. Each call will be logged for documentation purposes. If, for whatever reason, participating seniors do not call by 9:00am an officer will be dispatched to the residence in question to conduct a well-being check. If an officer cannot make contact with seniors then a below listed key-holder will be contacted so that the officer may enter the residence for a well-being check. If no key-holder is listed or available, the officer will be required to make every attempt possible at contacting seniors.

In the event senior citizens leave the Town of Gilford for an extended period of time they are respectfully requested to make contact with the police department in order to them know when they will be returning. Should enrolled seniors wish to withdraw from the program they simply need to call the police department and advise public safety dispatch personnel. From there, appropriate program changes will be made once confirmation has been made in determining seniors are who they say they are.

Should senior citizens, their families or friends have additional questions and/or concerns regarding this worthwhile program please do not hesitate to contact the Gilford Police Department.

*** All personal information is kept in strict confidence ***
SENIOR CITIZEN CALL-IN PROGRAM

Name: ___________________________________________ DOB: __________

Address: _______________________________________________________________________

Telephone #: _____________________________________________________________________

Emergency Contact: _____________________________________________________________________

Address: _______________________________________________________________________

Telephone #: _____________________________________________________________________

Contact Relationship: _______________________________________________________________

If I do not call the Gilford Police Department (GPD) by 9:00am each morning I give GPD and/or Gilford Fire Rescue personnel permission to enter my home by any reasonable means for the purpose of conducting a well-being check.

YES: _____ NO: _____ SIGNATURE: _____________________________

As a Senior Citizen Call-In Program participant, I agree to contact GPD by 9:00am each morning for a “check-in”, and agree to contact GPD in order to advise when I will be out of town for an extended period of time. I understand that I may opt out of this program at any time by contacting GPD and requesting, upon confirmation, that I be removed from the program. I agree that in cases of medical emergencies or my death GPD will notify the contact person I have so designated above.

SIGNATURE: _____________________________
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*** OPTIONAL INFORMATION ***

Physician: _____________________________ Telephone #: ______________________

Medical Condition(s): __________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Medication(s): ______________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Allergies: _________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

In the event of death, contact (name and #): ______________________________________

Next of kin (if different from above): _____________________________________________

Key-holder (name and #): ______________________________________________________

Key-holder vehicle: Make: _______________ Model: _____________________________
Year: _______________ State & Reg. #: __________________________

The above information may be shared with appropriate medical personnel should I require
ambulance transportation to the hospital for medical emergencies.

YES: _____ NO: _____ SIGNATURE: ________________________________

DATE: _________________________________

Revised: 02/2020