



HANNIBAL POLICE DEPARTMENT



ELDER WATCH PROGRAM

EMERGENCY INFORMATION		
NAME:		ADDRESS:
HOME PHONE:	WORK PHONE:	CELL PHONE:
DOES ANYONE HAVE A KEY TO YOUR HOME? YES NO (CIRCLE ONE)		
LIST THEIR INFORMATION BELOW:		
NAME:		ADDRESS:
HOME PHONE:	WORK PHONE:	CELL PHONE:
RELATIVE'S INFORMATION		
NAME:		RELATIONSHIP:
ADDRESS:		
HOME PHONE:	WORK PHONE:	CELL PHONE:
DO THEY HAVE A KEY TO YOUR HOME? YES NO (CIRCLE ONE)		
NAME:		RELATIONSHIP:
ADDRESS:		
HOME PHONE:	WORK PHONE:	CELL PHONE:
DO THEY HAVE A KEY TO YOUR HOME? YES NO (CIRCLE ONE)		
SOCIAL WORKER/AGENCY INFORMATION		
AGENCY NAME:		CASE WORKER:
PHONE NUMBER:	DOES AGENCY HAVE A KEY TO YOUR HOME? YES NO (CIRCLE ONE)	
FUNERAL HOME REQUEST:		

I am voluntarily participating in the ELDERWATCH program. I understand that this is a cooperative program involving the Hannibal Police Department. With your participation with this program, the City will be able to better meet your needs and the needs of the community. Your signature will allow us to share this information with other emergency agencies.

SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____

PLEASE RETURN FORM TO: HANNIBAL POLICE DEPARTMENT, 777 BROADWAY, HANNIBAL, MO