

SURF CITY POLICE DEPARTMENT

813 LONG BEACH BOULEVARD

SURF CITY, NJ 08008

PHONE: 609-494-8121

FAX: 609-292-0285



POLICE CARE PROGRAM

Caring About Resident Elders

The Police CARE Program is a free service provided to the senior residents of Surf City who live alone and/or individuals who are disabled, regardless of age. Those who register for the program will receive a morning phone call from one of Surf City's police officers. This program helps keep the registered individuals in contact with someone on a daily basis.

See reverse side for additional information.

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Every morning, 365 days a year, someone from the Surf City Police Department will call the individuals registered for the Police CARE Program. If the officer is unable to make contact with the individual by telephone, an officer will respond to their home to check on their well-being.

To register for the Police CARE Program, complete the attached form and return it to the Surf City Police Department.

Surf City Police Department
813 Long Beach Boulevard
Surf City, NJ 08008

- If you need assistance filling out the form, contact the police department's non-emergency line at 609-494-8121 and an officer will come to your home and help you complete the paperwork.
- Once the completed form is received, you will be added to our daily call list. **You can expect a daily phone call from one of our officers between the hours of 8:30am and 9:00am.**
 - In the event our officers are unable to call during the normal timeframe, they will call as soon as they are available. You can also call our non-emergency line at 609-494-8121 and let our dispatchers know that you are "ok."
- If you will not be home on a certain day during the designated call time (ex. doctor's appointment, church, etc.), please let our officers know at least a day in advance and/or call our police non-emergency line and tell the dispatchers the day of.
- In the event that you do not answer your telephone, an officer **will** respond to your home to check on your well-being. **If necessary, the officer will enter your home.**
- If at any point in time you wish to be removed from the daily call list, you must notify the police department of such in writing.

IN CASE OF AN EMERGENCY
DIAL 9-1-1
SURF CITY POLICE DEPARTMENT

POLICE CARE PROGRAM



PERSONAL INFORMATION:

FULL NAME: _____ SSN: _____

NICKNAME (IF APPLICABLE): _____ DATE OF BIRTH: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

IF APPLICABLE, PLEASE LIST VEHICLE INFORMATION BELOW (LICENSE PLATE, MAKE, MODEL):

PLEASE LIST PET INFORMATION BELOW (TYPE, BREED, INDOOR OR OUTDOOR, FRIENDLY OR NOT):

PHYSICAL DESCRIPTION:

HEIGHT: _____ WEIGHT: _____ HAIR COLOR: _____ EYE COLOR: _____

SCARS/MARKS/TATTOOS: _____

MEDICAL INFORMATION:

DOCTOR'S NAME: _____ PHONE NUMBER: _____

PLEASE LIST MEDICAL CONDITIONS AND/OR PERTINENT HISTORY BELOW:

PLEASE LIST CURRENT MEDICATIONS BELOW:

NEXT OF KIN:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

LOCAL EMERGENCY CONTACT INFORMATION (IF APPLICABLE):

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

DO THEY HAVE A KEY FOR YOUR RESIDENCE? (CIRCLE ONE):

OTHER:

PLEASE LIST BELOW ANYTHING WE SHOULD KNOW ABOUT (EX. HIDDEN KEY LOCATION,
LOCKBOX CODE, GARAGE DOOR CODE, ALARM INFORMATION):

*I understand that by signing up for the Police CARE Program that someone will call me every day between the hours of 8:30am - 9:00am, circumstances permitting. **If I fail to answer, I authorize a police officer to enter my home, using force if necessary, to check on my well-being.***

“Waiver” – I agree to hold harmless the Surf City Police Department and its officers against any claim in relation to the service provided through the Police CARE Program.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:

Received by: _____ Officer #: _____ Date: _____