



Goose Creek Police Department Citizen Check-In Program Application Form

Please fill this form out completely. The information on this form will be confidential and used only for the Citizen Check-In Program administration.

Name: _____

Address: _____

Phone #: _____ Cell Phone #: _____

Answering Machine? Yes No

Preferred Day/Time of Call(s):

1st Preference:

Sun. Mon. Tues. Wed. Thur. Fri. Sat. Time: _____

2nd Preference:

Sun. Mon. Tues. Wed. Thur. Fri. Sat. Time: _____

3rd Preference:

Sun. Mon. Tues. Wed. Thur. Fri. Sat. Time: _____

Known Medical Issues:

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Cardiac Problems | <input type="checkbox"/> Stroke |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Alzheimer's |
| <input type="checkbox"/> Respiratory | <input type="checkbox"/> Deaf/Blind |

Other (Please Describe): _____

Physician's Name/Number: _____

ALL MEDICAL INFORMATION IS TO BE PUT IN AN ENVELOPE AND PLACED ON REFRIGERATOR FOR FIRST RESPONDERS TO LOCATE AND REFERENCE.

Check answers and explain if necessary

Firearms on premises? Yes No

If yes, provide location: _____

Able to Walk? Yes No

Live Alone? Yes No

If yes provide names and relationship(s) _____

Key(s) on Premises? Yes No

If yes provide location(s) _____

Pet(s) on Premises? Yes No

If yes, describe _____

Please provide contact information for at least one person. The person listed first will be the primary contact person, please consider response time in listing contacts. Calls will be made in descending order.

Emergency Contacts:

1. **Name:** _____
Relationship: _____
Address: _____
Phone #: _____ **Alt. Phone #** _____

2. **Name:** _____
Relationship: _____
Address: _____
Phone #: _____ **Alt. Phone #** _____

3. **Name:** _____
Relationship: _____
Address: _____
Phone #: _____ **Alt. Phone #** _____