KINSMAN TOWNSHIP POLICE DEPARTMENT
SENIOR/ELDERLY CHECK FORM

Person being checked on:

Name: _____ Phone number: _____

Address: _____

Reason for check: _____

Start date: _____/_____/_____   End date: _____/_____/_____

Person requesting check: _____ Phone number: _____

KNOXBOX: Yes No   Passcode: _____

Any conditions this agency or fire/ambulance personnel need to know about:

_____

Time of day which is best time for check to be done: _____

Any other information that will be helpful: _____

_____

In the event this agency tries to make contact with the person and is unable to do so, the person requesting the check will be contacted for further instructions. If the person being checked on is in the hospital, on vacation, etc, this agency should be notified to document on check log