



Cuyahoga Falls Police Senior Watch Program

2310 2nd Street, Cuyahoga Falls OH 44221
330-928-2181

Date of Application: _____

Name: _____

Address: _____

Home Phone: _____ Cell#: _____

Date of Birth: _____

Eligibility: *Residents age 65 or older who live alone, with no family close or case worker and:*

- *Disabled/Limited Mobility and/or Bed ridden*

Application Requested by: _____ Relationship: _____

Address: _____

Home phone: _____ Cell#: _____

Preferred Program: "Check In" "Elderly Call" "Senior Watch"

Do you have an Envelope of Life: YES NO NO, but would like more information

NOTE: *All contacts will be made as time is available. If there is no response when contact is attempted the emergency contact person will be notified. Please advise the police department on extended absences from home and return date.*

Physician (Family/General)

Name: _____ Phone #: _____

Health Issues: _____

Special Needs: _____

Emergency Contacts (Family/Neighbors/Friends)

Name: _____ Phone: _____ Keyholder: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____ Keyholder: _____

Address: _____ Relationship: _____

