

Sagamore Hills Police Department Senior Call Program

11551 Valley View Road Sagamore Hills, OH 44067

Police Department 330-468-3515

In our mission to provide Community Oriented Policing, the Sagamore Hills Police Department has established a "Senior Call Program".

With the growing number of residents over the age of 65 in Sagamore Hills Township, we recognize the need to establish a program to assist those residents.

The "Senior Call Program" is for seniors who live alone and who may not have relatives living in the area that can check on them on a regular basis.

Senior residents that sign up for the program will receive a call each week from the Police Department on Tuesday or Thursday. Calls will be made between the hours of 9 AM and 3 PM in order to check on their welfare. If no contact is made, an officer will be sent to the home to check on their welfare in person.

During times that the resident may be away from home on vacation etc., a call to the Police Department will stop the calls until the senior returns home and notifies the Police Department they wish for calls to resume.

This service is not intended to take place of Lifeline or any other type of medical alert service. This is just an additional service that the Township is making available to senior residents of Sagamore Hills.

If you are a senior resident of Sagamore Hills and you could benefit from this program, please fill out the attached form and return to the Sagamore Hills Police Department, between the hours of 9 AM and 5 PM Monday through Friday.

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Application Form

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Name: _____ Date of Application: _____

Address: _____

Home Phone: _____ Cell or Other Phone: _____

Date of Birth: _____ Age: _____ Ohio Driver's License or ID Number: _____

Emergency Contacts (Family / Neighbors / Friends):

Name: _____ Phone: _____

Address: _____ Key Holder: Yes No

Family/Next of Kin Neighbor Friend

Name: _____ Phone: _____

Address: _____ Key Holder: Yes No

Family/Next of Kin Neighbor Friend

Physician: _____ Phone: _____

General Health/Illnesses: _____

Special Needs:

Allergies to Medications: _____

Alarm System? Yes No Alarm Company Key in Lock Box: Yes No

Code to Enter Garage: Yes No If so, Code Number: _____

Comments: _____

In consideration of my participation in the Senior Call Program, I hereby waive and relinquish any and all claims, demands, and/or causes of action whatsoever against the Township of Sagamore Hills and any and all individuals associated with this program, their representatives, successors and assigns. I further waive all claims, demands, and/or causes of actions as above spelled out against any person or persons responding to a call generated by this program. I understand this is a community service provided by the Township of Sagamore Hills and in no way makes the Township or its representatives responsible for my welfare. I also understand this program may be terminated at any time without notice.

Signed: _____ Date: _____