

# Senior Assistance Application

Application Date	Program Entry Date	
Name	Telephones	
Address	Zip Code	Date of Birth
Automobile Description		
Color	Year	Make
		Plate #
Name, Address & Telephone of Person to Notify in the Event of an Emergency		
Name, Address & Telephone of Secondary Person to Notify in the Event of an Emergency		
Name, Address & Telephone of anyone else who may have a key to your residence		
Are you considered an invalid or do you have any serious medical conditions? Please explain.		
List medications, prescriptions (Additional medication can be listed on back)		
Doctor's Name, Address & Telephone/ Preferred Hospital		
<p><b><i>I understand that by participating in this program, I am giving permission to the Highland Park Police Department or one of its designees to make entry to my residence for the purpose of checking on my well-being and agree to hold the Highland Park Police Department or its designee harmless for any damage to my property that may occur as a result.</i></b></p>		
<hr style="border: none; border-top: 1px solid black;"/> Signature & Date		
<hr style="border: none; border-top: 1px solid black;"/> Witness Signature & Date		

KEY # \_\_\_\_\_ (Police Use Only)