



# Barnegat Township Police Department

900 WEST BAY AVENUE  
BARNEGAT, NEW JERSEY 08005

CHIEF JASON CARROLL

(609) 698-5000

## “WE CARE” PROGRAM Senior Citizen Check In Form

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

### Relative or friend to be notified in case of emergency:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### MEDICAL INFORMATION:

Doctor's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Do you require special medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Are you considered an invalid: \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have someone with a spare key? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please provide their name, address and telephone number: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_