



# Cottondale Police Department

*"Cottondale Cares"*

## Senior Welfare Check Program

Resident Full Name: \_\_\_\_\_

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

Resident Phone Number: \_\_\_\_\_

### **Emergency Contact Information:**

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Medical Conditions of Special Concern:

\_\_\_\_\_  
\_\_\_\_\_

Do you attend a Local Church in Cottondale?

Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Can we contact the Minister / Pastor in Case of Emergency?

Contact Name: \_\_\_\_\_

Contact Phone \_\_\_\_\_

If Needed, please add any other information of importance here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

An officer will periodically check on those who opt into this program.