



GOOD MORNING NEWBURY!

Senior Citizen Wellness Program



How does it work? 7-days a week, voluntary participants will call into the Newbury Communication Center @ 978-462-4440 x0 and check in with the Emergency Communications Dispatcher. If a participant does not call by 11:00am, the Dispatcher will attempt to contact the participant. If contact via telephone cannot be made, and first responders are not otherwise unavailable, the Dispatcher will send an officer to the home to conduct a wellbeing check, at which time any/all Community Caretaker Doctrine obligations may apply.

Who can sign up? Newbury residents who are 60-years and older or residents who have medical or cognitive challenges and live alone. Participation is voluntary and must be initiated by the participant.

How to sign up: Forms are available at the Newbury Police Department or Newbury Council on Aging.

REGISTRATION FORM

Attach a current photograph of the participant to this form.

PARTICIPANT INFORMATION

Name:

Address:

House Phone #:

Cell #:

Which is the preferred method of primary contact:

House

Cell

Date of Birth:

Language spoken:

Do you have a lock box, a hide a key, a coded entrance or does a neighbor have a key? If so, where are the keys located and/or what is the entry code? Where might we be able to access proper entry to your home before being forced to break entry? * Note: Newbury PD cannot accept keys to residents homes.

Do you have a vehicle: Yes No

If yes, what is the make, model, color and registration number:

Do you have any pets? Yes No

If yes, how many pets, kinds of pets, names of pets:

In the event of an emergency, who should we call to take care of your pets (name, address & phone #)?

Disabilities (circle all that apply):

Hearing Impaired

Wears Hearing Aids

Communicates via American Sign Language

Mobility Impaired

Uses walking aid

Blind/Visually Impaired

Speech Impediment

Paralysis

Other:

Medical / Mental History:

In the space provided please list any medical conditions or medical history you have that 1st Responders should be aware of. Please be sure to include cardiac &/or respiratory conditions, history of seizures or epilepsy, blood disorders, or cognitive diagnosis such as Dementia or Alzheimer's. Please let us know if you have any allergies to medication.

Medication List:

Do you keep a "File for Life" in your home? Yes No

If yes, where is it located?

Please list current medications

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact Name:

Address:

Phone #:

Relationship:

Secondary Emergency Contact Name:

Address:

Phone #:

Relationship:

Primary Healthcare Physician:

Agency Name:

Doctor Name:

Phone #:

Clergy Information (optional):

Additional Information:

Please use this space to provide us with any additional information you believe 1st Responders would need to know in order to confirm your wellness or get in touch with you.

UNDERSTANDING & WAIVER of LIABILITY

By checking the boxes and signing below, I understand and agree to the following:

- I will call the Newbury Communication Center, Sunday – Saturday, seven-days-a-week, before 11:00am to confirm my wellness with the Emergency Communications Dispatcher;
- If I do not call by 11:00am, they will attempt to contact me at the numbers listed above;
- I understand that if the Dispatcher cannot contact me, they may send first responders to my residence to check my wellbeing;
- I understand and agree that if I do not answer the door during a wellbeing check, under the Community Caretaker Doctrine, the first responders will be concerned for my safety and will use any means necessary to gain access to my home or buildings on my property, included but not limited to breaking doors or windows;
- If entry is forced, I understand and agree that I am responsible for any/all damages done while they attempted to gain entry and check on my safety, regardless of whether or not I am found to be well;
- I agree that my participation in this program prohibits me from seeking damages from the Town of Newbury, the Newbury Police Department, the Newbury Fire Department, or any other dispatched first responder agency, for damages resultant of a wellbeing check;
- I understand that delays in dispatching a 1st responder to my address are to be expected and I will not hold the Town of Newbury, Newbury Police Department or Newbury Fire Department liable if there is a delay or inability to dispatch an officer when I do not call by 11am;
- I agree to provide the Newbury Communications Dispatcher with address and phone number changes that take place throughout my voluntary participation in the program;
- I will advise Dispatch when I am expected to be away from my residence for any period of time that will interfere with my participation in the program and that they will pause my participation while I am away;
- I understand that I can remove myself from the voluntary program at any time by contacting Newbury Communication Center @ 978-462-4440 x0.

Printed Name

Date

Signature

Witness Signature (*Police Officer, Dispatcher or COA Representative*)

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