



ST. CHARLES POLICE DEPARTMENT
ELDERWATCH PROGRAM

EMERGENCY INFORMATION/ NEIGHBOR'S INFORMATION			
Name		Address:	
Home phone:		Work phone:	
Cell phone:			
Does neighbor have a key to your home? Yes No (Circle one)			
RELATIVE'S INFORMATION			
Name:		Relationship:	
Address:	City:		State:
Home phone:	Work phone:		Key to house?
Cell phone			yes no
Name:		Relationship:	
Address:	City:		State:
Home phone:	Work phone:		Key to house?
Cell phone:			yes no
SOCIAL WORKER/AGENCY INFORMATION			
Agency Name:		Case Worker:	
Phone:		Does agency have a key to your house?	
Cell phone:			
Funeral Home Request:			

I am voluntarily participating in the ELDERWATCH program. I understand that this is a cooperative program involving the ST. CHARLES POLICE AND FIRE DEPARTMENT. With your participation in this program, the City will be able to better meet your needs and the needs of the community. Your signature will allow us to share this information with other emergency agencies.

Signature: _____ Date: _____

Witness: _____ Date: _____

Please return this form to:

Elderly Service Officer
 St Charles Police Department
 2 State Avenue
 St Charles IL 60174

THE KANE COUNTY SHERIFF'S DEPARTMENT DOES NOT PARTICIPATE IN THIS PROGRAM