



Jacksonville Police Department
David P Towe, Chief of Police
225 S Third St/PO Box 7
Jacksonville, Or 97530
Phone: 541-899-7100 Fax 541-899-5687

SENIOR WATCH PROGRAM

Jacksonville Police Department is proud to offer a *Senior Watch Program*. This program is to assist senior citizens (60 years of age or older) or disabled adults (55+ with a life threatening illness or injury) who reside within the city limits, alone, with no means or capacity to leave their home or do not have friends or family immediately available to check on their well being. This program is intended to provide qualifying residents with a sense of security as well as comfort in knowing that assistance is coming should they become incapacitated.

How it Works:

- ❖ Interested participants should contact the Jacksonville Police Department Clerk (541-899-7100) to communicate interest in the program. The Police Clerk will set up a time to have the Community Service Officer make a home visit to meet the senior or disabled adult, compile an emergency information sheet, and help the person choose a program in which to participate. Programs may consist of:
 - Check In
 - Elderly Call
 - Senior Watch
 - (see attached for program descriptions)

Who is Eligible?

- ❖ Senior or disabled adults (60 or older or 55+ with a life threatening illness or injury) who live in the city limits of Jacksonville
- ❖ **This program is specially designed to care for the needs of residents who do not have family members who are checking their welfare regularly.**

Helpful Reminders:

- ❖ Participants not home for extended periods due to vacations, hospital stays, etc. should notify the Police Department immediately of the dates they will be gone and call in again when they have returned home. (Officers will then be able to “keep an eye” on the participant’s home while they are away...for further peace of mind).



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SENIOR WATCH PROGRAM APPLICATION

Name: _____ Date of Application: _____

Address: _____

Home Phone: _____ Cell/Other Phone: _____

Date of Birth: _____

Application requested by: _____ **Relationship:** _____

Address: _____ Phone/Cell: _____

Preferred Program: "Check In" _____ "Elderly Call" _____ "Senior Watch" _____

Note-All contacts will be made, as time is available. If there is no response when contact is attempted then the emergency contact person will be notified. Please advise on extended absences from home and return date.

Physician (Family/General)

Name: _____ Phone: _____

General Health/Illnesses: _____

Special Needs: _____

Allergic to medications: _____

Emergency Contacts (Family/Neighbors/Friends)

Name: _____ Phone: _____ Key Holder: Y or N

Address: _____ Relationship: _____

Name: _____ Phone: _____ Key Holder: Y or N

Address: _____ Relationship: _____

Additional Information (Outside key/Lockbox/ETC):



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Program Descriptions:

The **“Check In”** program is designed for senior citizens who may live alone, have the opportunity to become part of our call in program. They will decide on a day and time that **“they”** will call in or check in with the Police Department. If a call is missed then an officer will call them or stop over to see if everything’s O.K. (Benefit of this program – the client doesn’t have to be home to call in.)

The **“Elderly Call”** On designated days and time (usually Mondays 9:00 am – 12:00 pm) the police department will call the “clients home” to check on their welfare. Again, if no contact is made an officer will be sent to the home to check on their welfare.

The **“Senior Watch”** program is for seniors who may need our help more than others. These seniors may not have family to check on them or provide assistance. The Police Department or a designated volunteer would visit the client once a week (or more) to check on their welfare.