



## **Old Town Police Department**

150 Brunswick Street - Old Town, Maine 04468

Telephone: 207-827-3984

[www.oldtownpd.org](http://www.oldtownpd.org)

Scott J. Wilcox, Chief of Police

### **“Good Morning Project”**

The Old Town Police Department is pleased to sponsor the **“Good Morning Project”** program. This program is designed to assist Old Town senior citizens or adults with disabilities living alone in the community. The goal is to assist these people so that they can continue living an independent lifestyle. **“Good Morning Project”** will aid in eliminating many concerns families may have about loved ones that live alone. The program provides the security of knowing that the family member will have a source of daily contact. This program is free.

Upon completing an application and upon its approval, a representative from the Old Town Police Department will call daily, between 8 AM and 10 AM, to say “good morning”. If contact cannot be made by telephone, a police officer will go to check the welfare of the participant.

### **ABOUT THE PROGRAM**

#### **Who is eligible?**

Any Old Town residents may be eligible for this program if they are a senior citizen who is 60 years or older, are living alone, or an adult with disability living alone. A short application must be completed and a waiver signed. This will provide us with some basic information about the participant.

#### **Is there any charge for this program?**

No. This program is a free service provided by the Old Town Police Department.

#### **How can I participate in this program?**

Call or stop by the Old Town Police Department and complete an application.

#### **What if I have a Lifeline?**

This program compliments Lifeline or any other service you may already participate in. Lifeline and these other services trigger immediate assistance in an emergency.

#### **Are you interested?**

If you are interested in this program, or know someone who might benefit from the **“Good Morning Project”** program, please contact us.

**“Good Morning Project”  
Participant Application Form**

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

**Office use only  
Participant Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**I live alone:**            **YES**            **NO**

**Contact person(s) who lives nearby:**

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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

**Person(s) to notify in an emergency:**

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

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

**Primary Care Physician:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Medical Conditions “Good Morning Project” caller should be aware of:**

1. \_\_\_\_\_
2. \_\_\_\_\_

**THIS INFORMATION WILL BE KEPT CONFIDENTIAL**

**Medications you take on a regular basis (both prescription and non-prescription) and dosages:**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
- 5. \_\_\_\_\_
- 6. \_\_\_\_\_

**Medication Allergies:** \_\_\_\_\_

**Do you have a “DNR” (do not resuscitate), Living Will or Advanced Directive? YES/NO**

**If yes please explain.** \_\_\_\_\_  
\_\_\_\_\_

**Do you have a hidden key? YES NO**

**Location:** \_\_\_\_\_

**Do you drive a car? YES NO**

**Description of your car:** \_\_\_\_\_

**License plate number:** \_\_\_\_\_

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

**Person filling out this form:** \_\_\_\_\_

**Participant’s Name Printed:** \_\_\_\_\_

**Participant’s (or authorized representative) Signature:** \_\_\_\_\_

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**I, \_\_\_\_\_, DO/DO NOT authorize the Old Town Police Department “Good Morning Project” program coordinator, or his/her authorized designee, to receive pertinent information about myself from my family or primary care physician as it may pertain to my well being.**

**I, \_\_\_\_\_, DO/DO NOT authorize the “Good Morning Project” program coordinator to inform the Old Town Police Department of my participation in the program and authorize the police to use “forcible entry” if needed to access my house/apartment/mobile home.**

**This will absolve the City of Old Town and the “Good Morning Project” program of any and all liability for receiving information pertaining to my general well being and safety. It will also absolve the Old Town Police Department of any and all property damage that may occur if they are unable to make contact with me and must force entry into my residence.**

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

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

**Witness: \_\_\_\_\_**