



## **Goshen Police District**

**Goshen Twp. Green Twp. W.B Schools**  
14003 W. South Range Rd. Salem, Oh  
44460 330-332-1235 / 330-332-3411 (F)  
Chief John Calko



### **Goshen Police Senior Watch Program**

Program members or clients can sign up for the programs by filling out an application. This application can be obtained at the Police Dept. The application asks for pertinent information and requests the client choose which program they would like to be enrolled in. The least intrusive programs are the “Elderly call” and the most comprehensive is the “Senior Watch”.

The “Elderly Call” program is where the senior citizen is part of our “elderly call” list. On designated days and times (weekdays between 800 -1600) the police department will call the “client’s homes” 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 would visit the client once a week (or more) to check on their welfare.

Once the application is forwarded to the Police Department, it would be entered into our database and a schedule would be setup for the client based on the program selected. As a part of the application process, a “site evaluation” of the client’s home would be completed by a Police official. This evaluation would help determine any safety concerns or any special requirements needed at the residence.

The Goshen Police District believes in a “neighbor helping neighbor” concept and that’s why the Goshen Police Senior Watch Program” calls for the neighborhood volunteers to assist with the program by watching out for our elderly. Through these partnerships, we will strengthen our relationships between our neighbors and neighborhoods.

# Application Form

Senior's Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Application Requested by: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

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, the the emergency contact person will be notified. Please advise on extended absences from your home and return date.

## Physician (Family / General)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

General Health / Illnesses: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Allergic to medications: \_\_\_\_\_

## Emergency Contacts (Family / Neighbors / Friends)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ KeyHolder: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ KeyHolder: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Additional Information (Outside Key / Lockbox / Etc.) : \_\_\_\_\_

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