



Goshen Police District

Goshen Twp. Beloit Village Green Twp.
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.) : _____

