

**Eastham Police Department**  
Reassurance Program Application

Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age \_\_\_\_\_  
Street Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_  
HOME:  
Hidden Key \_\_\_\_\_ Location \_\_\_\_\_  
Does anyone else have a key? \_\_\_\_\_ Name \_\_\_\_\_ Phone # \_\_\_\_\_  
Miscellaneous Information(eg. location or directions) \_\_\_\_\_

**IN CASE OF EMERGENCY:**

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Optional Information:  
Religion: \_\_\_\_\_ Church: \_\_\_\_\_ Clergyman: \_\_\_\_\_

**LEGAL NEXT OF KIN:**

Name	Address	Phone	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Vehicle: Make \_\_\_\_\_ Model \_\_\_\_\_ Reg. # \_\_\_\_\_ Color \_\_\_\_\_  
Pets: Type of Animal(s) \_\_\_\_\_ Name \_\_\_\_\_  
Person that can care for pet: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INFORMATION:**  
Sex: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes Color \_\_\_\_\_ Hair Color \_\_\_\_\_  
Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_  
Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_  
Address: \_\_\_\_\_

AILMENTS or DISABILITIES	MEDICATIONS
_____	_____
_____	_____

**OTHER IMPORTANT INFORMATION:**  
\_\_\_\_\_  
\_\_\_\_\_

**MEMBERSHIP INFORMATION:**  
Council on Aging? \_\_\_\_\_ Lifeline? \_\_\_\_\_ Other? \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Attach additional sheets if necessary