

COMMUNITY POLICING OFFICER  
WELL BEING CHECK

Name: \_\_\_\_\_ Telephone # \_\_\_\_\_

Address: \_\_\_\_\_ D.O.B./Age: \_\_\_\_\_

Type of residence: House Condo Apartment (circle one)

Medical Condition(s): \_\_\_\_\_

Other family members/persons living in household: \_\_\_\_\_  
(Name & Acquaintance)

Does above named person possess a Drivers License: Yes No (circle one)  
Drivers License #: \_\_\_\_\_

Does above named person own a vehicle: Yes No (circle one)  
Vehicle Make \_\_\_\_\_ Model \_\_\_\_\_ Year \_\_\_\_\_ Color \_\_\_\_\_  
License Plate # \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone (Home) \_\_\_\_\_  
\_\_\_\_\_ Telephone (Cell) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Telephone (Home) \_\_\_\_\_  
\_\_\_\_\_ Telephone (Cell) \_\_\_\_\_