Montgomery County Sheriff's Office

Call Reassurance Program

Name: _____ D.O.B.: _____

Home Phone #: _____ Cell Phone #: _____

Address: _____

Requested Time of Daily Call: _____ ☐ A.M. ☐ P.M.

Days Not to Call:

☐ Sunday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Do you live alone? ☐ Yes ☐ No Co-Resident's Name: _____

Emergency Contact 1: _____ Phone: _____

Emergency Contact 2: _____ Phone: _____

Primary Care Doctor: _____ Phone: _____

Clergy's Name: _____ Phone: _____

Next of Kin: _____ Phone: _____

Address: _____

Are Keys on Premises? ☐ No ☐ Yes; Where? _____

Do you have an Alarm System? ☐ No ☐ Yes; Alarm Code? _____

Do you have a pet? ☐ No ☐ Yes; Pet Name(s)? _____

Where is/are the pet(s) located? _____

Medical History:

Comments: