



**OLD ORCHARD BEACH
POLICE**



Old Orchard Beach Police Department
16 Emerson Cummings Blvd, Old Orchard Beach, ME 04064
Phone: (207) 934-4911

GOOD MORNING OOB PROGRAM APPLICATION

Welfare Check Program

Participant Information

Name: _____ Date of Birth: _____

Mailing Address: _____

Physical Address: _____

Telephone Number: _____

I Live Alone: ___ YES ___ NO

Make/Model/Plate# of Vehicle: _____

Someone from the OOBPD will call you every morning (Monday-Friday) between the hours of 8:30 am- 10:30 am to do a welfare check. If we are unable to reach you by phone, we will contact the emergency contact person that you list below. If no contact can be made, an officer will be sent out to your residence to check on you in person.

Is there a spare key? ___ Yes ___ No

If yes, please include location of key and the name, address, and phone of this person:

Primary Contact: This is the person we will contact first if we cannot contact you.

Name: _____ Relationship: _____

Address: _____

Telephone: _____



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Emergency Contact: This is the person we will contact if there is a medical emergency.

Name: _____ Relationship: _____

Address: _____

Telephone: _____

THIS INFORMATION WILL BE KEPT CONFIDENTIAL

Primary Care Physician: _____ **Telephone:** _____

Medical Conditions "Good Morning" program caller should be aware of:

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

Medications you take on a regular basis (both prescription and non-prescription) and dosages:

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____ 8. _____

Medication Allergies: _____

Do you have a "DNR"? (Do not resuscitate), Living Will or Advanced Directive ____ YES ____ NO

If yes, which one: _____

Person Filling out this form: _____ Date: _____

Signature of Participant (or authorized representative): _____



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I, _____, DO / DO NOT authorize the Old Orchard Beach Police Department “Good Morning” program telephone coordinator, or their authorized designee, to receive pertinent information about myself from my family or primary care physician as it may pertain to my well-being.

I, _____, DO / DO NOT authorize the “Good Morning” program coordinator to inform the Old Orchard Beach Police Department of my participation in the program and authorize the police to use “forcible entry” if need to access my house/apartment/mobile home.

This will absolve and hold harmless the Town of Old Orchard Beach and the “Good Morning OOB” program of all liability for receiving information pertaining to my general well-being and safety. It will also absolve and hold harmless the Old Orchard Beach Police Department of all property damage that may occur if they are unable to make contact with me and must force entry into my residence.

I, _____, DO / DO NOT authorize Southern Maine Health Care Hospital or Maine Medical Center Hospital to release admittance information to the Old Orchard Beach Police Department.

I, _____, will contact the Old Orchard Beach Police Department if I will not be home between 8:00 am 10:00 a.m. daily.

Date: _____ Signature: _____

Date: _____ Witness: _____

**** Please return this application to: Olivia Dubois Social Services Navigator at the Old Orchard Beach Police Department.**