



Lincoln Police Department

PO Box 488, 148 Main Street, Lincoln NH, 03251 (603)745-2238 FAX (603)745-8694

Senior/Vulnerable Citizen Information Form

New Enrollment

Update File

Date: _____

Personal Information

Currently in Good Morning Program

Would like to join Good Morning Program

Name: _____ Date of Birth: _____

Address: _____ Apt # _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Medical Alerts: _____

Vehicles

Make: _____ Model: _____

Year: _____ Color: _____ Tag: _____

Make: _____ Model: _____

Year: _____ Color: _____ Tag: _____

Emergency Contact

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email Address: _____

Address: _____

***This form MUST be turned into the Lincoln Police Department.**

Date Received: _____

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Senior/Vulnerable Citizen Information Form – page 2

Would you like to receive immediate text and/or email messages from the Lincoln Police through Nixel, a secure law enforcement messaging platform similar to Twitter?

Yes No

If yes, please provide the following information:

Email Address: _____ Cell Phone: _____

We will set up your Nixel account and help you to understand the program, if need be.

Good Morning Program ONLY

Physician: _____ Physician's Phone: _____

Does anyone have keys or access to your residence? Yes No

If yes, then whom? _____

If you have not checked in by 10:00 am and we are not able to contact you, do you give permission for a Police Officer or LinWood Ambulance personnel to enter your home by any reasonable means? Yes No

As a participant in the Good Morning Program, I agree that I will notify the Lincoln Police Department Communication Center by 10:00 each morning and also advise them when I will be out of town for an extended period of time. I also agree that in the event of a medical emergency or my death, the Police will notify the appropriate personnel.

Signature: _____ Date: _____

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Date Received: _____