



# Good Morning Neighbor!

## Participant Information Form

Date \_\_\_\_\_  
Name \_\_\_\_\_ DOB \_\_\_\_\_  
Physical Address \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Phone # {Home} - \_\_\_\_\_ {Cell} - \_\_\_\_\_

People who live near you who are willing to check on you if we cannot reach you

1. Name \_\_\_\_\_  
Phone # - \_\_\_\_\_ Friend or Relative {Please circle one}  
Address \_\_\_\_\_  
Does this person have a key to your home? YES/NO {Please circle one}
2. Name \_\_\_\_\_  
Phone # - \_\_\_\_\_ Friend or Relative {Please circle one}  
Address \_\_\_\_\_  
Does this person have a key to your home? YES/NO {Please circle one}

Name of person to notify in case of emergency - \_\_\_\_\_  
Phone # \_\_\_\_\_

Do you have a hidden key {for emergency use only}? YES/NO {Please circle one}  
If yes, where is it hidden \_\_\_\_\_  
Would you like the Dexter Police Dept. to have a copy of the key? YES/NO {Please circle one}

Do you drive a car? YES/NO  
If yes, what kind of car? \_\_\_\_\_ Plate # \_\_\_\_\_

Do you have any Medical Conditions, Illness's or Life threatening Allergies that we should know about?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Primary Care Physician Name \_\_\_\_\_  
Phone # \_\_\_\_\_

Do you have a DNR {Do Not Resuscitate}? YES / NO {Please circle one}

Do you have ANY pets in the home or on the property? YES / NO {If "yes" please list with names}  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, DO / DO NOT authorize the “Good Morning Neighbor” program coordinator, or their 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 Neighbor” program coordinator, to inform the Dexter Police Department of my participation in the program and authorize the police to use “forcible entry” if needed to access my house, apartment or mobile home. This will absolve and hold harmless the Town of Dexter and the “Good Morning Neighbor” program of any and all liability for receiving information pertaining to my general well-being and safety. It will also absolve and hold harmless the Dexter Police Department of any and all property damage that may occur if they are unable to make contact with me and must force entry into my residence.

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

In the future if you decide to discontinue participation in this program please contact the Dexter Human Services Director at 924-7351 Ext. #17 to obtain a discontinuation form.

Are you aware of anyone else who may be interested or in need of this program? If so please list their information below.

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