



TOWN OF LLOYD POLICE DEPARTMENT

Application for Project Care

Name: _____ Address: _____

City: _____ DOB: _____

Phone# _____

*******CONTACT PERSON IN CASE OF EMERGENCY*******

Name: _____ Address: _____

City: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

Name: _____ Address: _____

City: _____ Relationship: _____

Day Phone: _____ Evening Phone: _____

*******PERSONAL PHYSICIAN*******

Name: _____ Address: _____

Phone: _____

Requirements for Participation in Project Care

1. YOU MUST BE A TOWN OF LLOYD RESIDENT.
2. YOU MUST BE 62 YEARS OF AGE OR OLDER.
3. YOU MUST RESIDE ALONE
4. YOU MUST AUTHORIZE THE TOWN OF LLOYD POLICE DEPARTMENT TO ENTER YOUR RESIDENCE FORCEFULLY TO CHECK YOUR WELFARE.

By signing this application I understand and agree to the requirements listed above.

Signature: _____ Date: _____ Time to be called: _____