



## BRISTOL TOWNSHIP TRUSTEES HOME BUT NOT ALONE

Bristol Township believes in  
"helping our residence and neighbors concept"  
and that's why the ;

"Bristol Township HOME BUT NOT ALONE Program"  
Will assist our, shut in, to feel a little more Secure and Not Forgottren

Bristol's EMS personel have undergone training, required yearly, and  
assessments.

Through this program we will strengthen our  
relationships between neighbors and neighborhoods.

## HOW IT WORKS

This application can be obtained at the Township FIRE DEPARTMENT Building SR 88( WEST)

or via the Townships website. [www.bristolTOWNSHIP.COM](http://www.bristolTOWNSHIP.COM)

The application asks for pertinent information and requests the client fill out enrollment form

The intrusive program is the “Elderly Call or Check In.

Once the application is forwarded to the FIRE Department, it would be entered in our database and a schedule would be set for the client based on the program selected.

As part of the application process, a “site evaluation” of the client’s home would be completed by a Fire Department official.

This evaluation would help determine any safety concerns or any special requirements needed at the residence.

## Programs Available

**The “ELDERLY CALL OR CHECK IN” program** is where senior citizens who may live alone, have the opportunity to become part of our call in program. They will decide on a day and time that **“they” will call in or check in with the FIRE department.** If a call is missed then an officer will call them or stop over to see if everything’s O.K.

(Benefit of this program – the client doesn’t have to be home to call in).

**The “Elderly Call” program** is where the senior citizen is part of our “elderly call” list. On designated day and time **the FIRE department will call the “client’s homes”** to check on their welfare. Again, if no contact is made an MEDIC or EMT will be sent to the home to check on their welfare.

**Bristolville Township**  
**HOME BUT NOT ALONE PROGRAM**

**Application Form: Confidential**

**Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Application Requested By \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

**Preferred Program:** "Elderly Call" \_\_\_ Note-All contacts will be made by our Medics or EMS personnel Made as time is available. If there is no response when contact is attempted then the emergency Contact person will be notified. Please advise on extended absences from home and return date.

**Physician (Family / General)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

General Health/Illnesses: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Allergic to medications: \_\_\_\_\_

**Emergency Contacts (Family/Neighbors/Friends)**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Key Holder: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Key Holder: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Additional Information (Outside key/Lockbox/Etc):** \_\_\_\_\_

\_\_\_\_\_

**Zone:** \_\_\_\_\_ **Application Number:** \_\_\_\_\_ **End Date:** \_\_\_\_\_