



Kingston City Police Department

900 Waterford Place
Kingston TN 37763
865-376-2081
865-376-8798 Fax

Chief of Police Jim Washam
Watch Coordinator
Captain Tony Guy

ELDER WATCH APPLICATION

Name: _____ Date of Application: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Age: _____

Application Requested by: _____ **Relationship:** _____

Address: _____ Phone/Cell: _____

Physician (Family/General)

Name: _____ Phone: _____

General Health/Illnesses: _____

Special Needs: _____

Allergic to medications: _____

Emergency Contacts (Family/Neighbor/Friends)

Name: _____ Phone: _____ Key Holder: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____ Key Holder: _____

Address: _____ Relationship: _____

Additional Information (Outside key/Lockbox/Pets/Etc): _____

Please choose program or programs. A combination of programs can be used. Please explain if combination is needed.

Check In

This program involves participant calling in at set times to let us know they are OK. If no call is received, then we will attempt to call or go to residence to check on participant.

Day and time of call: _____

Day and time of call: _____

Day and time of call: _____

Elder Call

This program is where we call the participant at a set time to make sure the participant is OK.

Day and time of call: _____

Day and time of call: _____

Day and time of call: _____

Elder Watch

This program is where a uniformed officer visits participant at residence.

Day and time of visit: _____

Day and time of visit: _____

Day and time of visit: _____

Special Requests or Needs
