Village of Forest View

"I Live Alone" Form

If you live alone or know of someone who lives alone, enroll in the "I Live Alone" program. An information card about you will contain the names of friends, relatives, doctor and any medical concerns that you may have. This information will be kept in our files should an emergency arise at your address. **It will be kept strictly confidential.** If you desire, the police or fire staff will make a daily or weekly telephone call to your home with a friendly "How are you?"

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

In case of emergency, contact the persons listed below:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Key Holder? YES ☐ NO ☐

Would you like staff to phone you daily or weekly?

YES ☐ NO ☐ If yes, please specify a time_____ Daily ☐ Weekly ☐

Optional:

Family Doctor: _____

Phone Number: _____

Church Attended:_____

Known Medical Concerns:_____

_____