



York Police Department

Town of York
9 Hannaford Drive
York, Maine 03909
(207) 363-1031 fax(207) 361-6818



GOOD MORNING PROGRAM APPLICATION

Office Use Only:

Date: _____ Number: _____

Participant Information

Name _____

Date of Birth _____

Mailing Address _____

Physical Address _____

Telephone No. _____

I Live Alone YES NO

Contact Person who lives nearby:

Name: _____

Telephone No. _____

Physical Address _____

Description of Residence _____

Person to notify in an emergency

Name _____

Telephone No. _____

Physical Address _____

Primary Care Physician:

Name: _____

Telephone No. _____



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General Questions

Do you have a "DNR"? (Do not resuscitate), Living Will or Advanced Directive

___ YES ___ NO

Do you have a key hidden? ___ YES ___ NO

Location: _____

Do you drive a car? ___ YES ___ NO

Description of your car _____

License Plate state and number _____

Medical Conditions "Good Morning" workers should be aware of

- | | |
|---------|---------|
| 1 _____ | 5 _____ |
| 2 _____ | 6 _____ |
| 3 _____ | 7 _____ |
| 4 _____ | 8 _____ |

Medications you take on a regular basis

(both prescription and non-prescription) and dosages:

- | | |
|---------|----------|
| 1 _____ | 6 _____ |
| 2 _____ | 7 _____ |
| 3 _____ | 8 _____ |
| 4 _____ | 9 _____ |
| 5 _____ | 10 _____ |



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Why do you want to participate in this program?

Date: _____

Person Filling out this form: _____

Signature of Participant
(or authorized representative) _____

Return this application to: Detective Jamie Robie at the York Police Department



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Charles J. Szeniewski
Chief of Police

Good Morning Program Waiver

I, _____, DO / DO NOT authorize the York Police Department “Good Morning” program telephone coordinator, or her authorized 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” program coordinator to inform the York Police Department of my participation in the program and authorize the police to use “forcible entry” if need to access my house/apartment/mobile home.

This will absolve the Town of York, the York Police Department, and the ‘Good Morning’ program of all liability for receiving information about my general well being and safety. It will also absolve the York Police Department of all property damages that may occur if they are unable to contact me and must force entry into my residence.

I, _____, DO / DO NOT authorize York Hospital to release admittance information to the York Police Department.

I, _____, will contact the York Police Department if I will not be home between 8:00 and 10:00 a.m. daily.

Date: _____ Signature: _____

Date: _____ Witness: _____