

# Police Department



JOSEPH R. BENEFICO  
CHIEF OF POLICE



VILLAGE OF PELHAM  
34 FIFTH AVENUE - TOWN HALL  
PELHAM, NEW YORK 10803



(914) 738-2000

## Senior Citizen Emergency Watch Program

Please complete and mail this form to:  
Village of Pelham Police Department  
34 Fifth Ave Pelham NY 10803

Date		Registration #
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**SENIOR CITIZEN INFORMATION**

Name:		Date of Birth:	
Street Address:			Apartment #
Home Phone Number ( )		Cell Phone Number ( )	
Do you live alone?: Yes <input type="checkbox"/> No <input type="checkbox"/> If no, Name		Telephone Number	
Do family members or friends check in on you? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, Name		Telephone Number ( )	

**SENIOR CITIZEN MEDICAL INFORMATION**

Primary Doctor name:		Doctor's Phone # ( )	
Medical Condition:			
Are any members in your household on life support? : Yes <input type="checkbox"/> No <input type="checkbox"/>			
Do you use oxygen Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, how often?	
Are you handicapped? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please describe:	

**EMERGENCY CONTACT PERSON**

Name:		Relationship	
Address:			Apt #
City		State	Zip Code
Home # ( )	Cell # ( )	Work # ( )	
Key Holder: Yes <input type="checkbox"/> No <input type="checkbox"/>			

**PLEASE COMPLETE FORM ON BACK**

**EMERGENCY ALTERNATE CONTACT PERSON**

Name:		Relationship:	
Address:		Apt #	
City		State	Zip Code
Home # ( )	Cell # ( )	Work # ( )	
Key Holder: Yes <input type="checkbox"/> No <input type="checkbox"/>			

If you have any questions, please feel free to call the Town of Pelham Senior Advocate Office at (914) 738-5004