

**GOOD MORNING PROJECT
PARTICIPANT APPLICATION FORM**

Date: _____

Participant Number: _____

OFFICE USE ONLY

Name: _____ DOB: _____

Mailing Address: _____

Physical Address: _____

Telephone: _____

I live alone: YES NO

Contact person who lives nearby:

Name: _____ Telephone: _____

Address: _____

Person to notify in an Emergency:

Name: _____ Telephone: _____

Address: _____

Primary Care Physician: _____

Telephone: _____

Medical Conditions "Good Morning Project" caller should be aware of:

1. _____
2. _____
3. _____

THIS INFORMATION WILL BE KEPT CONFIDENTIAL

Medications you take on a regular basis (both prescription and non-prescription) and dosages:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Medication Allergies: _____

Do you have a "DNR" (do no resuscitate), Living Will, or Advance Directive? YES NO

If yes, please explain:

Do you have a hidden key? YES NO

Location: _____

Do you drive a car? YES NO

Description of your car: _____

License Plate Number: _____

Date: _____

Person filling out this form: _____

Participant's Name Printed: _____

Participant's (or authorized representative) Signature: _____

THIS INFORMATION WILL BE KEPT CONFIDENTIAL

I, _____, DO/DO NOT authorize the Holden Police Department and Holden Fire Department "Good Morning Project" program coordinator, or his/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 Project" program coordinator to inform the Holden Police Department and Holden Fire Department of my participation in the program and authorize the police to use "forcible entry" if needed to access my house/apartment/mobile home.

This will absolve the Town of Holden and the "Good Morning Project" program of any and all liability for receiving information pertaining to my general well-being and safety. It will also absolve the Holden Police Department and Holden Fire Department of any and all property damage that may occur if they are unable to make contact with me and must force entry into my residence.

Date: _____

Signature: _____

Witness: _____