



**SENIOR
TELEPHONE
SAFETY
CHECK
PROGRAM**
**A FREE
SERVICE
FOR
SENIORS
OVER 70
TO HAVE A
DAILY
WAKE-UP
CALL TO
CHECK
THAT 'ALL
IS WELL'**

Program:

Each morning a caring adult volunteer telephones to make sure "all is well".

Calls will be made between 7:30am & 8:30am, 365 days a year – *UNLESS YOU TELL US YOU'RE AWAY. Please keep your phone line open until you get your daily call.*

Procedure:

If we cannot reach you by phone, and the contact you have given us cannot rouse you, the Police may be called to perform a 'welfare check' at your home.

Communicate:

**YOU MUST TELL US
BEFOREHAND IF
YOU KNOW YOU'LL
BE AWAY!**

Fees:

There are none!

**For more
information or to
sign up please
contact:**

(760) 375-6308

**Coordinator
Senior Telephone
Safety Check
(STSC)**

**309 Balsam Street,
Ridgecrest, CA
93555**

*****Ridgecrest &
Inyokern residents
only at this time***

*****We care about
you and your
welfare!*****

Senior Telephone Safety Check Application Form
(Please answer all questions legibly and completely)

Senior Telephone Safety Check is a telephone reassurance program. *This service is designed to meet the needs of Ridgecrest and Inyokern senior citizens over age 70 that live alone and need/desire to have a quick well-being wake-up phone call on a daily basis.*

To enroll in this FREE service, please complete this application and submit it to Senior Telephone Safety Check, 309 Balsam Street, Ridgecrest, CA 93555. We will contact you and confirm the information prior to your activation in the system. Your information will be kept confidential and will not be used for purposes other than the Senior Telephone Safety Check program.

* **Your Name:** _____

* **Address:** _____

** **Home Phone:** _____

** *This is the number we will call each day between 7:30AM -8:30AM so please have the phone handy.*

* **Your cell phone number if you have one:**

***Do you have pets? Please specify:** _____

Emergency Contact Information

(Please provide (1) one contact)

Name: _____

Phone # _____

Relationship: _____

Does this person have a key to your house? _____

XX

Your Doctor's Full Name:

**Your Doctor's
Phone#:** _____