

# YARMOUTH POLICE DEPARTMENT



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200 Main Street • Yarmouth, Maine 04096 • (207) 846-3333 • (Fax) 846-2433

## YARMOUTH'S AGING IN PLACE PROJECT Would like to remind you about **YARMOUTH'S REASSURANCE PROGRAM**

Dear Yarmouth Resident,

We have some important information to share with you, so please read this carefully and if you have any questions, please call this number which will connect you to our dispatch center, located at the Falmouth Police Department – 846-3333. Personnel will be available to address all of your concerns.

Initiated in Yarmouth over 20 years ago, the Reassurance Program is one of long standing success. The premise is simple – to provide comfort and support to senior citizens, adults living alone, the infirm, or the disabled within our community.

### **It works in this way:**

Between the hours of 7:00 AM and 10:00 AM every day, individuals from Yarmouth who are registered with us call the Yarmouth Police Department at 846-3333 (or TTY at 781-4154) and speak with the dispatcher on duty. By doing so, the caller makes his or her wellbeing known. If for any number of reasons the dispatcher is not contacted by the deadline, the dispatcher will attempt to contact the registrant by telephone. Failing a response, a police officer will be dispatched to the residence to make contact or to render any assistance which may be needed at the time. Should you be planning time away from home, you would let us know in advance of your departure and anticipated return date.

In order to assist rapidly and competently, registrants will be requested to provide us with some general information such as names of family members, emergency numbers, physician and medical information, and prescription medications.

If you would like to participate in this program, please pick up an application in the police department lobby, contact us at 846-3333 and we will be happy to mail it, or download the application on the Town of Yarmouth website.

We welcome you, so give us a call and let us REASSURE you!!

Yours truly,

Michael E. Morrill  
Chief of Police



**REASSURANCE PROGRAM REGISTRATION SHEET**  
**(207) 846-3333**

*Please complete BOTH pages, and print legibly*

Are you: New \_\_\_\_\_ Updating \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Directions \_\_\_\_\_

House Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

Hospital Preferred \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Conditions (optional) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Allergies (optional) \_\_\_\_\_

Medications (optional) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Vehicle Information \_\_\_\_\_

Pets in the Home \_\_\_\_\_

Contact for Pet Care if Needed \_\_\_\_\_

Location of Spare Key to Home or Person who has Access

\_\_\_\_\_  
\_\_\_\_\_

Comments / Additional Information \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## EMERGENCY CONTACTS

1) Name \_\_\_\_\_ Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

2) Name \_\_\_\_\_ Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

3) Name \_\_\_\_\_ Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

**Remember:** In the event we do not hear from you, or are unable to locate you, and we have no planned absence listed, we will make entry into your residence to check on your well-being.