



Kelleys Island Senior Watch Program

According to the latest census statistics, more than 15% of the US population is age 65 or older. That is 40 million Americans. By the year 2013 this figure will be at 45 million Americans. Kelleys Island, Erie County, Ohio is no stranger to the elderly population. In fact, its sizable elderly population has sparked a need for this program that is devoted specifically to its residents.

Program members or individuals can sign up for the programs by filling out an application. The application can be obtained by stopping by the Kelleys Island Police Department. The application asks for pertinent information and requests the individual to choose which program they would like to be enrolled in. The least intrusive programs are the "check-in" and "elderly call" and the most comprehensive is the "senior watch".

The "check-in" program is where senior citizens who may live alone, have the opportunity to become part of our call in program. They decide on a day and time that they will call in or check in with the police department. If a call is missed then an officer will call them or stop over to see if everything is ok.

The "elderly call" program is where the senior citizen is part of our elderly call list. On designated days and times usually Mondays at 10:00 am the police department will call the individuals homes to check on their welfare. Again if no contact is made an officer will be sent to the home to check on their welfare.

The "senior watch" program is for seniors who may need our help more than others. These seniors may not have family to check on them or provide assistance. The police department would visit the individual once a week or more to check on their welfare.

Once the application is forwarded to the police department, it would be entered in our database and a schedule would be set for the individual based on the program selected.



Senior Watch Program Application Form
Kelleys Island Police Department
122 Division Street Kelleys Island, Ohio, 43438
(419) 746-2735

Name: _____ Date of Application: _____

Address: _____

Home Phone: _____ Cell/Other Phone: _____

Date of Birth: _____ Age: _____ SSN: _____

Application Requested by: _____ Relationship: _____

Address: _____ Phone/Cell: _____

Preferred Program: "Check In" ☐, "Elderly Call" ☐, "Senior Watch" ☐ Note-All contacts will be made as time is available. If there is no response when contact is attempted then the emergency contact person will be notified. Please advise on extended absences from home and return date.

Physician (Family / General)

Name: _____ Phone: _____

General Health/Illnesses: _____

Special Needs: _____

Allergic to medications: _____

Emergency Contacts (Family/Neighbors/Friends)

Name: _____ Phone: _____ Key Holder: _____

Address: _____ Relationship: _____

Name: _____ Phone: _____ Key Holder: _____

Address: _____ Relationship: _____

Additional Information (Outside key/Lockbox/Etc): _____

Police Use

Zone: _____ Application Number: _____ End Date: _____