



# Scott Police Department

Application for Elderly Service

(337) 233-3715

Please Mail to: P.O. Box 810, Scott, Louisiana 70583  
Drop off at: Scott Police Dept. 129 Lions Club Rd., Scott, Louisiana

Fax to: (337) 261-0568



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## Applicant Information

Applicant's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

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## In Case of Emergency

Emergency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Email Address: \_\_\_\_\_

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## Information

Do you live alone? \_\_\_\_\_ If no, who lives with you? \_\_\_\_\_

Relationship: \_\_\_\_\_

Does anyone else have a key to your residence? \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list any special needs, medical conditions, medications, or other information our agency should know:

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Would you like to participate in our "JUST CHECKING ON YOU" Program and receive an occasional phone call from one of our officers? \_\_\_\_\_

How often would you like our officers to call? (Circle One)      Weekly      Biweekly      Monthly