**TODAY’S DATE: / /**

**RESIDENT INFORMATION**

First AND Last Name: DOB:  **/ /**

Street Address:

City:  State:  Zip:

Primary Phone #: Secondary Phone #:

**HOUSEHOLD INFORMATION**

Other Residents in Household:

Pets Inside: [ ]  Yes [ ]  No If yes, what kind:

Weapons in the Home: [ ]  Yes [ ]  No If yes, what kind:

**OPTIONAL MEDICAL INFORMATION**

Primary Care Physician: Phone #:

Hospital of Choice:

Medical Conditions (*information will be communicated to first responders if dispatched on your behalf*):

**OPTIONAL EMERGENCY CONTACT INFORMATION**

**Contact First & Last Name:** Relationship:

Phone #: Secondary Phone #:

Street Address: City: State: Zip:

**OTHER PROGRAMS AVAILABLE TO SENIORS**

TELEPHONE ASSURANCE PROGRAM – For Senior Citizens who would like to receive a daily telephone call, by a volunteer, to check on their welfare.

Are you interested in the TAP Program? [ ]  Yes [ ]  No

LOCK BOX PROGRAM – A combination lock box placed outside of the residence holds a house key, which may be used by Emergency Personnel ONLY during an emergency in which resident cannot open a door.

Are you interested in the Lock Box Program? [ ]  Yes [ ]  No

**Mail OR Email Completed Form To:**

ROUND ROCK POLICE DEPARTMENT

2701 N. MAYS STREET

ROUND ROCK, TX 78665

alewing@roundrocktexas.gov

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**SIGNATURE OF APPLICANT**