

Brazos County

R U OK? Senior Program

Best time to Call:	AM	Answering Machine?	YES	NO
Client Information:				
Name:			Date of Birth:	
Address:				
City:		State:	Zip Code:	
Home Phone:		Cell Phone:		
Hearing Impaired?	YES	NO	Email Address:	
In Case of an Emergency, Notify:				
Contact #1 Name:			Relationship:	
Address:				
City:		State:	Zip Code:	
Home Phone:		Cell Phone:	Work #:	
Email Address:				
Contact #2 Name:			Relationship:	
Address:				
City:		State:	Zip Code:	
Home Phone:		Cell Phone:	Work #:	
Email Address:				
Additional Information:				
Extra Key:	YES	NO	Location:	
House Alarm	YES	NO	Alarm code:	
Do you live alone?	YES	NO		

Please fill out front and back

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Do you have pets?	YES	NO	Description:
Are you able to walk?	YES	NO	
Physical Impairments?	YES	NO	List:
Life Alert?	YES	NO	
Company:		Phone:	
Vehicle?	YES	NO	
Year:	Make:		Model:
Are there weapons in the home?		YES	NO
Would you like to be notified of severe weather conditions?		YES	NO
Additional notes:			

I, the undersigned, freely and voluntarily give permission to the Brazos County Sheriff Department and/or their agents to enter my residence for the purpose of checking on my well-being.

 Client Signature or Authorized Representative Date

Please fill out front and back