



ELSA PUBLIC SAFETY CARES PROGRAM

Connecting • Assisting • Respecting
Engaging • Supporting

The Elsa Public Safety CARES Program provides wellness checks, safety education, and community support to elderly, disabled, and at-risk residents. Participation is voluntary and free of charge.

1. PARTICIPANT INFORMATION

Full Name: _____ Date of Birth: _____
 Address: _____ Apt/Unit: _____
 City: Elsa, TX Zip: _____ Home Phone: _____
 Cell Phone: _____ Email (optional): _____

2. EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____
 Phone (Primary): _____ Phone (Alternate): _____
 Address (if different): _____

3. HEALTH & SAFETY INFORMATION (Optional)

Medical Conditions: _____
 Medications: _____
 Mobility Limitations:
 None Cane Walker Wheelchair Other: _____
 Do you have pets? Yes No If yes, type/breed: _____

4. CONSENT & ACKNOWLEDGMENT

By signing below, I voluntarily agree to participate in the Elsa Public Safety CARES Program. I understand this program provides wellness and reassurance services only and is not a substitute for emergency services. In an emergency, I will call 911.
 Signature: _____ Date: _____

5. PROGRAM PREFERENCES (Check all that apply)

Phone Call Text Message
 In-Person Visit
 In-Home Visit (Limited to once per week)

Preferred frequency:
 Daily 2-3 Times Per Week
 Weekly Other: _____

Best time to contact you:
 Morning Afternoon Evening

Do you have special instructions or requests?

FOR OFFICE USE ONLY

Date Received: _____
 Entered By: _____
 Participant ID: _____
 Risk Level:
 Low Moderate High
 Notes: _____

