

LAW ENFORCEMENT AGENCIES OF CAMDEN COUNTY
ARE YOU O.K.?

DATE: _____ PHONE: _____ TIME TO CALL: _____

NAME: _____

ADDRESS: _____

CONTACT INFORMATION IN CASE OF AN EMERGENCY:

NAME: _____ PHONE #: _____

KEY ON PREMISES? YES NO IF YES LOCATION: _____

IS THERE ANYONE ELSE WE CAN CONTACT THAT HAS A KEY? YES NO

IF YES, NAME AND PHONE #: _____

PETS? YES NO TYPE: _____

LIVE ALONE? YES NO CO-RESIDENTS: _____

ARE YOU ABLE TO WALK? YES NO

LIST ANY PHYSICAL OR MEDICAL IMPAIRMENTS: _____

MEDICATIONS? YES NO LIST MEDICATIONS: _____

REMARKS/COMMENTS: _____

IF AT ANY TIME YOU WISH TO BE REMOVED FROM OR SUSPEND THE ARE
YOU OK PROGRAM PLEASE CALL 912-729-1442.

THANK YOU FOR ALLOWING US TO SERVE YOU!

OFFICE USE ONLY

DATE REC'D _____ HOW REC'D _____ BY WHOM _____

DATE ENTERED _____ BY WHOM _____