



## YARMOUTH POLICE DEPARTMENT

DANIEL A. GALLANT | Chief of Police

### YARMOUTH REASSURANCE PROGRAM

Dear Yarmouth Resident,

I have some important information to share with you, so please read this carefully and if you have any questions, please call this number which will connect you to our dispatch center which is located at the Falmouth Police Department – 846-3333. Personnel will be available to address all of your concerns.

Initiated in the Town of Yarmouth over 20 years ago, the Reassurance Program is one of long-standing success. The premise is simple – to provide comfort and support to senior citizens, adults living alone, the infirmed, or the disabled within this community.

#### **It works in this way:**

Between the hours of 5:00 AM and 10:00 AM, those individuals from Yarmouth who are registered with us call the Yarmouth Police Department at 846-3333 (or TTY at 781-4154) and speak with the dispatcher on duty. By doing so, the caller makes his or her wellbeing known. If for any number of reasons, the dispatcher is not contacted by the deadline, the dispatcher will attempt to contact the registrant by telephone. Failing a response, a police officer will be dispatched to the residence to make contact or to render any assistance which may be needed at the time. Should you be planning time away from home, you would let us know in advance of your departure and anticipated return date.

In order to assist rapidly and competently, registrants will be requested to provide us with some general information such as names of family members, emergency numbers, physician and medical information, and prescription medications.

If you would like to participate in this program, please pick up an application in the police department lobby, contact us at 846-3333 and we will be happy to mail it, or download the application on the Town of Yarmouth website.

We welcome you so give us a call and let us REASSURE you!!

Yours truly,

Daniel A. Gallant  
Chief of Police

# Reassurance Program Information Sheet

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Home Number: \_\_\_\_\_ Cell#: \_\_\_\_\_

## **Medical Information**

Are you under a physician's care? \_\_\_ Physicians Name: \_\_\_\_\_

Address of physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Hospital of choice: \_\_\_\_\_

## **Emergency Contacts**

Names and telephone numbers of closest relatives or emergency contacts:

#1: \_\_\_\_\_

#2: \_\_\_\_\_

#3: \_\_\_\_\_

Name and telephone numbers of people with keys to your residence:

## **General Information**

Location of a spare key or code: \_\_\_\_\_

Do you have a pet: \_\_\_\_\_ Pets name: \_\_\_\_\_ Type: \_\_\_\_\_

Description of your vehicle: \_\_\_\_\_ Plate #: \_\_\_\_\_

Additional comments which will help us help you in case of an emergency:

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\*In the event we do not hear from you, or are unable to locate you, and we have no planned absence listed, we will make entry into your home to check on you\*

ADMIN: Site #

Date entered:

Initial's: