



**CITY OF NEWPORT NEWS**  
*Office of the Sheriff*  
**SAFETY FOR OUR SENIORS (SOS)**



SOS Program Application		
<b>Personal Information</b>		
Name: <i>(Last Name, First Name)</i>		Address: <i>(Street, City, State, Zip Code)</i>
DOB: <i>(mm/dd/yyyy)</i>	Telephone: (757) -	
<b>Medical Information</b>		
Physician's Name: <i>(Last Name, First Name)</i>		Physician's Telephone: (757) -
Medical Condition:		Medication(s):
<b>Local Friends and Family (Area residents/neighbors who would be willing to check on me upon request if contacted by the Sheriff's Office)</b>		
Name: <i>(Last Name, First Name)</i>	Telephone: (757) -	Does this person have a key? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: <i>(Last Name, First Name)</i>	Telephone: (757) -	Does this person have a key? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: <i>(Last Name, First Name)</i>	Telephone: (757) -	Does this person have a key? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: <i>(Last Name, First Name)</i>	Telephone: (757) -	Does this person have a key? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Emergency Contact Person</b>		
Name: <i>(Last Name, First Name)</i>		Address: <i>(Street, City, State, Zip Code)</i>
Relationship:	Telephone: ( ) -	
Name: <i>(Last Name, First Name)</i>		Address: <i>(Street, City, State, Zip Code)</i>
Relationship:	Telephone: ( ) -	
Name: <i>(Last Name, First Name)</i>		Address: <i>(Street, City, State, Zip Code)</i>
Relationship:	Telephone: ( ) -	

I understand it is my responsibility to inform the Sheriff's Office at (757) 926-8535 prior to the scheduled telephone call if I will be unavailable to answer the telephone (i.e., out of town, doctor's appointment, etc.). I further agree to allow Deputies from the Sheriff's Office to gain entry into my home to check on my welfare if circumstances require it.

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date (mm/dd/yyyy)*