**ABOUT PROJECT GOOD MORNING**

1. Project Good Morning (PGM) is designed for Rochester residents who live alone and do not have a regular daily contact person, or live with another person who would be unable to render assistance in an emergency. You MUST reside in the City of Rochester to participate.
2. You must complete an application for admittance to PGM, which is an agreement by both parties involved to abide by the rules of the program. The application also gathers specific information that will be needed in an emergency situation. You may choose to provide the Rochester Police Department with a contact information for a person that has a key to your residence, to avoid the possibility of necessary forced entry in the event of a medical emergency.
3. If accepted into the program, you agree to call the Rochester Police Department at 330-7128, between the hours of 6:00 am and 10:00 am daily, to check in with the dispatcher on duty.
4. You MUST notify the Rochester Police Department if you are going to be away from home and provide us with your departure and return date. If you have an early appointment, or you know you will be away during check-in times, you may call in early to check in or let us know the day prior that you will not be calling in the next day.
5. The Police Department will verify that all program participants have called in each day. Calls will be made to participants who have not checked in by telephone to assure their well-being. If participants cannot be reached by telephone, a police officer will be dispatched to the participant’s residence. The police officer will make every attempt to verify the participant’s well-being, including forcible entry into the residence if needed, as a last resort.

**PROJECT GOOD MORNING AGREEMENT**

I understand and agree to the rules for participation in Project Good Morning. I understand that the purpose of the program is to provide me with a sense of security and independence and that the Rochester Police Department will not provide taxi or errand services. I understand that if I do not call in, the Police Department will:

* 1. Call my residence and if they receive no answer will:

* 1. Dispatch a police officer to my residence to check on my well-being. I understand that if I do not answer the door, if the officer reasonably believes that I may be inside and in need of assistance, the officer will use whatever force is necessary to gain entry into my residence if a key has not been provided to the Rochester Police Department.

This may include assistance from other departments, such as the Rochester Fire Department or Frisbie Memorial Ambulance. I understand that participating in Project Good Morning is a privilege and the Rochester Police Department reserves the right to discontinue the service should I abuse the intent of the program. I understand that the Rochester Police Department and any agency acting in their stead accepts no responsibility for damages caused in entering my residence under the above stated conditions and agree to all of the terms and conditions set forth in this application.

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| Signature: | | |  | | | | | | | | | | |  | Date: | |  | | | |
| Please print name: | | | |  | | | | | | | | | | | | |  | | | |
| *I have provided the Rochester Police Department with a key location for my residence.* | | | | | | | | | | | | | | | | | | | | |
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|  | ***- THIS SECTION FOR DEPARTMENT USE ONLY -*** | | | | | | | | | | | | | | | | | | |  |
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|  | Approved: | Yes  No | | | | Date: |  | | | | |  | Applicant notified: | | | | | Yes  No | |  |
|  | Site file created in IMC | | | | City: ER GO RO | | | | Site #: | |  | | | | | Created by: | | |  |  |
|  |  | | | | | | |  | |  | | | | | | | | | |  |
|  | Signature of Communications Supervisor | | | | | | | ***-or-*** | | Signature of designated RPD employee | | | | | | | | | |  |
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| **PROJECT GOOD MORNING MEMBER APPLICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| * **APPLICANT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Name: | | |  | | | | | | | | | | | | | | | | | | | | |  | Date of Birth: | | | | | | | |  |  |
|  | Mailing Address: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Physical Address: | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Color of home or identifying feature: | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  |
|  | Home phone: | | | | | | | |  | | | | | | | | | |  | | Cell phone: | | | | | | | |  | | | | | |  |
|  | Do you drive: | | | | | | | | Yes  No | | | | | | | |  | License plate #: | | | | | | | | | | |  | | | | | |  |
|  | Description of vehicle: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  |
|  | Key location/lock box code: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  |
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| * **EMERGENCY CONTACT INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Name: | | | | |  | | | | | | | | | | | | | | | | |  | Relationship: | | | | | | | | |  | | |  |
|  | | Phone #: | | | | |  | | | | | | | | | | | | | | |  | Alt. #: | | | | |  | | | | | | |  |
|  | | Does this person have a key to your residence?: | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | | |  |
| 1. Name: | | | | |  | | | | | | | | | | | | | | | | |  | Relationship: | | | | | | | | |  | | |  |
|  | | | Phone #: | | | | |  | | | | | | | | | | | | | |  | Alt. #: | | | | |  | | | | | | |  |
|  | | | Does this person have a key to your residence?: | | | | | | | | | | | | | | | | | | | | | | | | | Yes  No | | | | | | |  |
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| * **MEDICAL CONCERNS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Do you have any disabilities?: | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |
| 1. Do you need special medication(s)?: | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  |
|  | | Type(s): | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 1. Doctor’s Name: | | | | | | | | | | | |  | | | | | | | | | | | |  | Phone #: | | | | | |  | | | |  |
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| * **VISITING AGENCIES** (Visiting nurse or LNA, homemaker, Meals on Wheels, etc.?) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Please explain: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Applicant signature:** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | **Date:** | | |  | |  |
| **Application processed by:** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | **Date:** | | |  | |  |
|  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | |  | | |