



**Application for Project Care**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ DOB: \_\_\_\_\_

Phone# \_\_\_\_\_

**\*\*\*\*\*CONTACT PERSON IN CASE OF EMERGENCY\*\*\*\*\***

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**\*\*\*\*\*PERSONAL PHYSICIAN\*\*\*\*\***

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Requirements for Participation in Project Care**

- 1. YOU MUST BE A TOWN OF LLOYD RESIDENT.**
- 2. YOU MUST BE 62 YEARS OF AGE OR OLDER.**
- 3. YOU MUST AUTHORIZE THE TOWN OF LLOYD POLICE DEPARTMENT TO ENTER YOUR RESIDENCE FORCEFULLY TO CHECK YOUR WELFARE.**

**By signing this application I understand and agree to the requirements listed above.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Time to be called: \_\_\_\_\_