

THE PROGRAM

S.E.N.I.O.R.S. IS A **FREE** COOPERATIVE PROGRAM BETWEEN LAW ENFORCEMENT, TRIAD AND THE SENIOR CITIZENS OF SEDGWICK COUNTY.

THROUGH THE USE OF A SECURE DATABASE THE S.E.N.I.O.R.S. PROGRAM ALLOWS LAW ENFORCEMENT AND OTHER EMERGENCY SERVICES THE ABILITY TO

- MAKE CONTACT WITH RELATIVES, CAREGIVERS OR FRIENDS
- LOCATE KEY OR KEY HOLDER
- BE AWARE OF POSSIBLE MEDICAL CONDITION(S)
- INFORM OTHER EMERGENCY RESPONDERS OF PRESCRIBED MEDICATION(S)
- MAKE CONTACT WITH A PHYSICIAN
- ALLOW FORCED ENTRY, IF NECESSARY



HOW IT WORKS

- ♦ A DECAL WILL BE PROVIDED TO INDICATE MEMBERSHIP
- ♦ MEMBERS WILL ALSO BE PROVIDED A CARD TO CARRY
- ♦ DATABASE WILL BE KEPT UP TO DATE WITH YOUR INFORMATION
- ♦ PARTICIPATION IS VOLUNTARY AND CAN BE TERMINATED AT ANY TIME BY THE MEMBER.



Have questions ? Want to learn more about other programs for seniors? Contact us at;

**Sedgwick County Sheriff's Office
Community Liaison Unit
141 W. Elm
Wichita, Kansas 67203
Phone: 316-660-3920**



**SEDGWICK COUNTY
SHERIFF**



S.E.N.I.O.R.S.
**SHERIFF'S ELDERLY / DISABLED NOTIFICATION
INTENSIVE OUTREACH RESPONSE SYSTEM**

Date _____ Address _____ City, State, Zip _____
Phone _____ Cell Phone _____ Number of people at this address _____

PERSONAL INFORMATION

1. Name (Last, First M.) _____ DOB _____ AGE _____
RACE _____ SEX _____
Any medical issues? _____

Critical medicines (if any): _____

Primary Doctor _____ Phone _____ Address _____
Hospice/Hospital contact: _____ Phone _____ Address _____

2. Name (Last, First M.) _____ DOB _____ AGE _____
RACE _____ SEX _____
Any medical issues? _____

Critical medicines (if any): _____

Primary Doctor _____ Phone _____ Address _____
Hospice/Hospital contact: _____ Phone _____ Address _____

EMERGENCY CONTACTS

1. Name (Last, First M.) _____ Relationship _____ Address _____
Home Phone _____ Cell Phone _____ Work phone _____
2. Name (Last, First M.) _____ Relationship _____ Address _____
Home Phone _____ Cell Phone _____ Work Phone _____

OTHER INFORMATION

ENTRY: Use force to get in if necessary? YES NO Key Location if available _____
If there are pets in the house please list by name and type of animal: _____

Where in the house do you keep your medicines? _____

If you keep any weapons in the house, what and where are they? _____

Do you have a living will or DNR? Yes No
Is someone designated as a Durable Health Care Power of Attorney? Yes No

If yes, who? _____
Contact information: _____

Are there copies of any of the above mentioned forms in the home? Yes No
If yes, where? _____
