

# Good Morning Program

For Alton residents



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The **Good Morning Program** is a call in service for Seniors and/or Shut-ins who live alone in Alton. It is a joint effort of the Belknap County Sheriff Dispatch, as well as the local Alton Police Department. This program is to assure family members and the Police Department that the participating senior or shut-in is all right. The program works on a self initiated daily call in, where the elder or shut-in would have the responsibility of contacting (by phone) the County Dispatch Center every day by 10:00am. If after that time, person(s) registered in the program have not checked in, an Officer would be dispatched to the home of the elder or shut-in and check on their welfare. This is to assist in the locating of those that may be immobilized by an incident or illness, thus expediting the process of emergency care, if and when needed.

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Interested persons, or family members of those who may benefit from the program, can contact the Alton Police Dept at #875-0757 (Mon - Fri 8am to 5pm) if you have questions or want to apply. Or, you may contact Amy Braun of the Alton Senior Center at #875-7102 to sign up for the program.

[See Web Site - Forms/Application Section. Print Form and Submit via Mail or @APD]

# ALTON POLICE DEPARTMENT

## Good Morning Program

Name \_\_\_\_\_ DOB \_\_\_\_\_  
Last First

Mailing Address \_\_\_\_\_

Residence Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Mobile Phone# \_\_\_\_\_  
Other Phone # \_\_\_\_\_

Physician \_\_\_\_\_ | \_\_\_\_\_  
Name City / State

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

Pre-existing Medical Conditions which we should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

People to contact in case of emergency

1. Name \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Address \_\_\_\_\_
2. Name \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Address \_\_\_\_\_
3. Name \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Address \_\_\_\_\_

Oil Company \_\_\_\_\_

Electric Company \_\_\_\_\_

Do you reside in Alton year round? \_\_\_\_\_ Yes | \_\_\_\_\_ No  
If not, what is your typical time of residency? \_\_\_\_\_  
Months

Do you drive? \_\_\_\_\_ Yes | \_\_\_\_\_ No

If Yes, please fill out the following information pertaining to your vehicle:

\_\_\_\_\_  
Year Make Model Color

Where is your vehicle typically parked when you are at home? \_\_\_\_\_

How long do you intend to utilize the good morning program? \_\_\_\_\_