

# TOWN OF CHESWOLD POLICE DEPARTMENT

PHONE: 302.734.2202  
FAX: 302.734.1355



P.O. Box 220  
CHESWOLD, DE 19936

Christopher Workman,  
Chief of Police

## SENIOR OR SPECIAL NEEDS ASSISTANCE REQUEST FORM

Resident Name: \_\_\_\_\_ Resident Phone#: \_\_\_\_\_

Resident Address: \_\_\_\_\_

\_\_\_\_\_

Resident DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: M F Race: \_\_\_\_\_

Identifying Marks (Characteristics) \_\_\_\_\_

\_\_\_\_\_

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Emergency Contact Name: \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

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Care Taker Information: (If Applicable)

Care Taker #1: \_\_\_\_\_ Relation: \_\_\_\_\_

Contact #'s: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

Care Taker #2: \_\_\_\_\_ Relation: \_\_\_\_\_

Contact #'s: Cell: \_\_\_\_\_ Home: \_\_\_\_\_ Work: \_\_\_\_\_

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Medications/ Comments/ Special Needs: \_\_\_\_\_

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