



Albemarle County Sheriff's Office

411 East High Street Bldg. B,
Charlottesville VA, 22902
(434) 972-4001

Chan Bryant, Sheriff

SAFETY FOR OUR SENIORS (SOS)



Personal Information		
Name: <i>(Last Name, First Name)</i>		Address: <i>(Street, City, State, Zip Code)</i>
DOB: <i>(mm/dd/yyyy)</i>	Home Telephone: ()	Cellular Telephone: ()
Medical Information		
Physician's Name: <i>(Last Name, First Name)</i>		Physician's Telephone: ()
Medical Condition:		Medication(s):
Local Friends and Family (Area residents/neighbors who are willing to check on me if contacted by the Sheriff's Office)		
Name: <i>(Last Name, First Name)</i>	Telephone: ()	Does this person have a key? Yes No
Name: <i>(Last Name, First Name)</i>	Telephone: ()	Does this person have a key? Yes No
Name: <i>(Last Name, First Name)</i>	Telephone: ()	Does this person have a key? Yes No
Name: <i>(Last Name, First Name)</i>	Telephone: () -	Does this person have a key? Yes No
Emergency Contact Person		
Name: <i>(Last Name, First Name)</i>		Address: <i>(Street, City, State, Zip Code)</i>
Relationship:	Telephone: () -	
Name: <i>(Last Name, First Name)</i>		Address: <i>(Street, City, State, Zip Code)</i>
Relationship:	Telephone: () -	
Name: <i>(Last Name, First Name)</i>		Address: <i>(Street, City, State, Zip Code)</i>
Relationship:	Telephone: () -	
Key Lock Box: Yes No	Code:	Location of Lock Box:

I understand it is my responsibility to inform the Sheriff's Office at (434) 972-4001 8am – 4pm, prior to the scheduled telephone call if I will be unavailable to answer the telephone (i.e., out of town, doctor's appointment, etc.). I further agree to allow Deputies from the Sheriff's Office to gain entry into my home to check on my welfare if circumstances require it.

Applicant's Signature

Date (mm/dd/yyyy)