

H.E.A.R Program
Health Emergency Assistance Registry



James Lynch
Chief of Police

Partner with the Community

Primary Contact: _____ **Relation:** _____
Address: _____
City/State/Zip: _____
Home Ph: _____ **Cell Ph:** _____
Employer: _____
Employer Address: _____ **Wk Ph:** _____
Primary Contact Have Key? Yes / No

Secondary Contact: _____ **Relation:** _____
Address: _____
City/State/Zip: _____
Home Ph: _____ **Cell Ph:** _____
Employer: _____
Employer Address: _____ **Wk Ph:** _____
Secondary Contact Have Key? Yes / No

Medical Equipment dependent on electricity? Yes / No
Do you wish all information to remain confidential? Yes / No

I agree to hold harmless and indemnify the City of Raytown and its agents from any and all causes of liability that may occur through their attempts to enter my residence and check on my safety.

Applicants signature: _____ **Date:** _____

Mail form to:

Elderly Assistance Coordinator Raytown Police Dept.
10000 E 59 St Raytown, Mo 64133

H.E.A.R. Program

How does the H.E.A.R. Program work?

H.E.A.R.'s Purpose:

To provide assistance to persons registered during times of weather emergencies.

Who is eligible for membership?

This service is free to Raytown residents who qualify as handicapped, elderly and frail, relying on a health device powered by electricity.

Who maintains and provides assistance?

The Raytown Police Department maintains the information for this service. Included will be notification to utility companies of members registered in need of priority assistance during power outages.

Twice a year Raytown Police will contact members to update our information members supplied upon registering. All information is updated. At times of weather emergencies (due to extreme temperatures or storms in summer and winter) the Raytown Police will activate the program and begin to make contact with members at their residence to check their welfare and offer assistance.

Member responsibility:

Members must complete the form with all information requested. It will be members responsibility to notify the Raytown Police Department at (816) 737-6020 of any change of address.

Last Name: _____ First Name: _____ M.I. _____

Address: _____

Phone #: _____ Wk PH: _____ Cell PH: _____

Description of Ailment/Emergency Situation: _____

Doctor's Name: _____

Doctor's Phone: _____