

WOODLAWN PARK POLICE DEPARTMENT

WELFARE CHECK

NAME _____ **HOME #** _____

ADDRESS _____ **CELL #** _____

DOB: _____, HT: _____, WT: _____, HAIR COLOR: _____ EYE COLOR: _____

EMERGENCY CONTACTS:

NAME _____ PHONE _____ KEYS TO HOUSE? YES NO

NAME _____ PHONE _____ KEYS TO HOUSE? YES NO

REASON FOR REQUESTING THE WELFARE CHECK: _____

DIAGNOSIS/ILLNESS & KNOWN MEDICATIONS:

PERSON MAKING REQUEST: _____ RELATIONSHIP: _____

DATE / TIME CANCELED _____ **BY** _____