Reidsville Police Department

C.A.R.E. Program Participation Request

This program requires the individual receiving the call to use a touchtone phone. **Older rotary phones will not work with this program.** You must choose and remember a 4-Digit Pin number in order to make changes to your account. Only share this number with your primary contact or individuals involved in the care program. By joining the CARE program it is understood that this is not a guarantee that calls will be received 100% of the time as the Reidsville Police Department cannot control technical difficulties. It is also understood that if emergency services personnel are sent to your residence and they reasonably suspect that someone may be in need of emergency assistance then the employee(s) are authorized to use whatever force is reasonable and necessary to gain entry. The City of Reidsville is offering this program as a public service. The City of Reidsville, the Reidsville Police Department, and the Reidsville Fire Department or any of its authorized agents are not liable for any damage that may occur or any failure to initiate a phone call. Note: This entry, if approved, may take up to 72 hours to become active in our systems.

Name: _____ Phone: _____ Pin #: _____

Street Address: _____ Birthday: _____

Call Type: ☐ Reassurance Call ☐ Latchkey Child

Primary Contact Phone: _____

Name/Relationship: _____

Address: _____

Key Holder Phone: _____

Name/Relationship: _____

Address: _____

Choose the days and times you would like to be contacted:

Day	Time	Day	Time
☐ Sunday		☐ Thursday	
☐ Monday		☐ Friday	
☐ Tuesday		☐ Saturday	
☐ Wednesday			

Emergency Contact Information: (Note that contacts should be listed in the order of priority.)

	Name	Phone Number
1.		
2.		
3.		

Reason for requesting Call Assistance: _____

Office Use Only Taken by: _____ On Date _____

Entered by: _____ On Date: _____ Approved by: _____ On Date: _____