



## Citizen Check Program

<b>Name</b>	<b>Phone #</b>
<b>Address</b>	
<b>Description of Home and vehicles:</b> Please describe the exact location of your residence (ex: route number, color of house, right or left side of road, apartment, house, locations of spare keys or lock boxes etc.)	
<b>Nearest Neighbor's Information:</b>	
<b>Name</b>	<b>Phone Number</b>
<b>Address</b>	
<b>Medical Issues:</b>	
<b>Doctor's Name:</b>	<b>Doctor's Phone Number:</b>
<b>Person to be notified in case of emergency (name, address, phone #, relationship):</b>	

*Waiver of property damage: I hereby authorize any state or county law enforcement officer and/or medical unit to forcibly enter my home (address above) in the event there is reasonable cause to suspect that I am in need of immediate medical assistance. I agree to hold the state and county, together with its agents and/or employees, harmless for any damage to my property, both personal and real, resulting from said forcible entry.*

<b>Signature:</b>	<b>Date:</b>
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**If you can answer yes to at least two of these statements, you meet the criteria for this program:**

- I am age 60 or older
- I do not have relatives that live near by to check or assist me
- I have medical conditions

<b>If you have any questions, please contact either of the following:</b>	
<b>Denice Crowder</b> PO Drawer 70, Dinwiddie, VA 23841 <a href="mailto:Dcrowder@dinwiddieva.us">Dcrowder@dinwiddieva.us</a> or 804-469-5388	<b>Tasha Ridley</b> PO Box 120, Dinwiddie, VA 23841 <a href="mailto:Tridley@dinwiddieva.us">Tridley@dinwiddieva.us</a> or 804-469-4550