

**PETER J. KUSMINSKY**  
SHERIFF

**ADAM M. BRAINARD**  
UNDERSHERIFF

**MICHAEL J. OVERBAUGH**  
SUPERINTENDENT

## **GREENE COUNTY SHERIFF'S OFFICE**

370 Mansion Street  
W. Coxsackie, NY 12192  
Administrative & Law Enforcement Department  
Civil Department  
518-943-3300 Fax 518-731-2520  
Correction Dept. & Jail -- 518-943-3300 ext 8014



# **Greene County Sheriff's Office Senior Call-in Program Information Sheet**

### **Program**

The Greene County Sheriff's Office has implemented a Senior Call-in Program for our senior citizens that helps ensure their safety and well being. The program assists seniors daily in making sure they are in good health.

### **How the program works**

Members of the program are instructed to call **518-731-4273** daily, between the hours of 7:00 A.M. - 10:00 A.M. and advise the officer who receives the call that they are O.K.

If a call is not received by a person on the list by 10:15 A.M. Greene County Sheriff's Office will take the following steps to check on that persons welfare;

- Call that person.
- Call relatives and Friends of that person
- A patrol unit will be dispatched to the residence to check the well being of the listed senior.

### **Other relative information**

Although not required, seniors are also encouraged to provide major medical precautionary information which may assist our officers in times of need.

If seniors will not be participating in the program due to unforeseen circumstances, such as a vacation, hospitalization, or any other long term activity, it is important to let the Sheriff's Office know the dates and times to not expect a contact from that senior.

Application forms can be turned in to the Greene County Sheriff's Office.

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## KEEP IN TOUCH – SENIOR CALL IN LIST

518 – 731 – 4273

NAME: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
CELL NUMBER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

### EMERGENCY CONTACT #1:

NAME: \_\_\_\_\_  
PHONE #: \_\_\_\_\_

### EMERGENCY CONTACT #2:

NAME: \_\_\_\_\_  
PHONE #: \_\_\_\_\_

### KEY HOLDER:

NAME: \_\_\_\_\_  
PHONE #: \_\_\_\_\_

\*In the event that law enforcement needs to gain entry into my home, I authorize any and all action to be taken to gain such entry.\*

### Major Medical Precautions

I, \_\_\_\_\_ would like to provide law enforcement professionals at the Greene County Sheriff's Department with any medical precautionary information which may assist them in the performance of their duties. I understand that giving medical precautionary information is voluntary.

Date - \_\_\_\_\_

Signature - \_\_\_\_\_

### Major Medical Precautions List

_____	_____
_____	_____
_____	_____