

# COPS AND CAREGIVERS



Tilton Police Department  
Tilton, NH  
Partnered with the  
*Friends RSVP Caregivers Program*

## WHAT IS COPS AND CAREGIVERS?

Cops and Caregivers is a program designed to allow daily communication with community residents who do not have regular daily contact with relatives, friends or neighbors. The program allows for Tilton residents to make daily contact with the Tilton Police Department or someone from the Friends RSVP Caregivers Program to indicate that they are okay, and further allowing for their independence and ability to stay in their homes. This program further allows family or friends the security of knowing that the individual is having regular daily contact.

## HOW COPS AND CAREGIVERS WORKS

- A. Cops and caregivers participants complete an application for admittance to the program. This application is an agreement by the resident involved to abide by the rules of the program. The application also gathers specific information that will be needed in an emergency situation.
- B. Cops and Caregivers participants will receive a call from a volunteer(s) from the Friends RSVP Caregivers Program or a Communication Specialist from the Tilton Police Department 286-8207, during set hours, seven days a week. If the participants are going to be away from home, in the hospital, leaving very early in the day, etc., they may simply notify the department in advance with the dates away, and call into the Tilton Police Department upon their return.
- C. After the set hours, Communication Specialist/volunteer(s) will verify that contact has been made with all the program participants. If the participant cannot be reached by the Communication Specialist and/or volunteer(s) cannot reach the participant by telephone, a police officer will be dispatched to the participant's residence. The police officer will attempt to verify the participants well-being.

## COPS AND CAREGIVERS - RULES

- A. You live alone, or with another person, who is unable to render you assistance in an emergency.
- B. You are not in regular contact with another person (friends or family).
- C. You **MUST** reside in the Town of Tilton.

- D. You MUST answer the phone call from the Tilton Police Department (286-8207) Sunday-Saturday, between the set hours picked.
- E. You MUST notify the Tilton Police Department if you will not be calling on specific days due to being away . For example: if you will be going away with relatives for a couple of days, or you are leaving your home very early for a day trip.

**If you are interested in participating in “Cops and Caregivers”, please fill out the attached application and return it to:**

**Tilton Police Department  
P.O. BOX 292  
Tilton, NH 03276**

**You can also drop it off in person at the Tilton Police Department at 179 E. Main St, Tilton**

# COPS FOR CAREGIVERS



Tilton Police Department  
Tilton, NH

## Registrant Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female  Other

Telephone Number: \_\_\_\_\_

## Registrant Vehicles

Do you own or frequently drive a vehicle?  Yes  No

Vehicle Plate State: \_\_\_\_\_ Vehicle Plate #: \_\_\_\_\_

Vehicle Plate State: \_\_\_\_\_ Vehicle Plate #: \_\_\_\_\_

## Keyholder/Emergency Contact

**You must have a person that has a key to your residence that we can call in an emergency situation.**

Does anyone have a key to your residence?  Yes  No

If yes:

Their Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Relationship to Registrant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

**Secondary Emergency Contact**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Relationship to Registrant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

**Tertiary Emergency Contact**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alt. Phone Number: \_\_\_\_\_

Relationship to Registrant: \_\_\_\_\_

Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

**Medical Information**

Are there any special medical conditions you would want to make us aware of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Who is your Doctor? \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

### Calling in Hours

Pick the hours you will be called each day

Between 08:00 A.M and 10:00 A.M.

Between 4:00 P.M. and 6:00 P.M.

### Forced Entry

If I do not answer, a key holder/emergency contact is not available, or, if in the officers' judgement, exigent circumstances exist, I grant consent to the officer(s) to utilize force to enter my residence. By signing this form below, I release the officer(s) and the Town of Tilton from all liability for related property damage.

Yes

No

### Acknowledgement

I understand and agree to the rules of participation in the Cops for Caregivers program.

I understand that the purpose of the program is to provide me with daily contact/check in and that the Tilton Police Department will not provide taxi or errand services.

I understand that if I do not answer my phone/or call the Tilton Police Department 286-8207 between the set hours Monday through Sunday, the Communication Specialist/volunteer(s) will;

1. Call my residence; and
2. Dispatch a police officer to my residence to check on my well being if they receive no answer

I understand that if I do not answer my door and the officer has reason to believe that I may be inside and in need of assistance, the officer will;

1. Attempt to contact a keyholder and/or emergency contact; and/or
2. Use whatever force is necessary to gain entry into my residence.

I understand that participating in Cops for Caregivers is a privilege and the Tilton Police Department reserves the right to discontinue the service.

I understand that the Tilton Police Department and any law enforcement agency acting on their behalf accepts no responsibility for damages caused in entering my residence under the above stated conditions and I agree to all of the terms and conditions set forth in this application.

I further understand that by completing this form and participating in the Tilton Police Department Cops for Caregivers that I do so voluntarily. I also understand that my voluntary participation in this program does not convey and/or warrant, either expressed or implied, any particular outcomes, promises and/or benefits. My signature below constitutes acknowledgement and acceptance of these limitations and disclaimers.

I acknowledge that by checking the box below that the information being provided is truthful, current, and valid and that I am authorized to submit it on my own behalf. I further understand that by enrolling myself or someone else in the Tilton Police Department Cops for Caregivers that the personal information entered may be used by emergency personnel, including but not limited to law enforcement officers, fire department personnel and emergency medical services (EMS) in the event of an emergency situation, or during any non-emergent contact with police, fire and/or EMS personnel. I also acknowledge that it will be my responsibility to keep the information on the registry current.

**I understand the above disclaimer**

Yes

No

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(signature of the Person Filling Out This Form)

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(Date)

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(Print Name)

**Application Approved:**

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Chief Robert Cormier  
Chief of Police Tilton