ELSA PUBLIC SAFETY CARES PROGRAM

Connecting • Assisting • Respecting
Engaging • Supporting

The Elsa Public Safety CARES Program provides wellness checks, safety education, and community support to elderly, disabled, and at-risk residents.

Participation is voluntary and free of charge.

1. PARTICIPANT INFORMATION

Full Name: _____ Date of Birth: _____

Address: _____ Apt/Unit: _____

City: Elsa, TX Zip: _____ Home Phone: _____

Cell Phone: _____ Email (optional): _____

2. EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Phone (Primary): _____ Phone (Alternate): _____

Address (if different): _____

3. HEALTH & SAFETY INFORMATION (Optional)

Medical Conditions: _____

Medications: _____

Mobility Limitations:

☐ None ☐ Cane ☐ Walker ☐ Wheelchair ☐ Other: _____

Do you have pets? ☐ Yes ☐ No If yes, type/breed: _____

4. CONSENT & ACKNOWLEDGMENT

By signing below, I voluntarily agree to participate in the Elsa Public Safety CARES Program. I understand this program provides wellness and reassurance services only and is not a substitute for emergency services. In an emergency, I will call 911.

Signature: _____ Date: _____

5. PROGRAM PREFERENCES (Check all that apply)

☐ Phone Call ☐ Text Message

☐ In-Person Visit

☐ In-Home Visit (Limited to once per week)

Preferred frequency:

☐ Daily ☐ 2–3 Times Per Week

☐ Weekly ☐ Other: _____

Best time to contact you:

☐ Morning ☐ Afternoon ☐ Evening

Do you have special instructions or requests?

_____

_____

_____

FOR OFFICE USE ONLY

Date Received: _____

Entered By: _____

Participant ID: _____

Risk Level:

☐ Low ☐ Moderate ☐ High

Notes: _____

FOR MORE INFORMATION, CONTACT:
Cristina Martinez
956-262-4721
cmartinez@cityofelsa.net