



# Oceanside Community Safety

## Keeping in Touch Program Application

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**Please print clearly.**

Client Name: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Next of Kin: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

E-Mail: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Family Doctor Telephone: \_\_\_\_\_

Local Contact #1 Name: \_\_\_\_\_

Local Contact #1 Address: \_\_\_\_\_

Local Contact #1 Telephone: \_\_\_\_\_

Local Contact #2 Name: \_\_\_\_\_

Local Contact #2 Address: \_\_\_\_\_

Local Contact #2 Telephone: \_\_\_\_\_

Preferred time to be called: \_\_\_\_\_

Additional Information: \_\_\_\_\_

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Important medical information such as medications or illnesses: \_\_\_\_\_

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Mobility issues: \_\_\_\_\_

Hearing issues: \_\_\_\_\_

Speech issues: \_\_\_\_\_

Vision issues: \_\_\_\_\_

Memory issues: \_\_\_\_\_

Special interests: \_\_\_\_\_

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**For Office Use:**

Referred by: \_\_\_\_\_

Comments: \_\_\_\_\_

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Date of interview: \_\_\_\_\_

Interviewed by: \_\_\_\_\_

**Please mail or bring the completed form to either one of our Community Safety Offices. The office addresses are listed on our web site: [www.oceansidecsv.org](http://www.oceansidecsv.org)**

**You may also scan the completed form and e-mail it to [kit@oceansidecsv.org](mailto:kit@oceansidecsv.org)**