

## Our Volunteers

Liberty Township believes in a “neighbor helping neighbor” concept and that’s why the “Liberty Township Senior Watch Program” calls for neighborhood volunteers to assist with our programs. The volunteers have signed on to help us help our seniors. Our volunteers have to undergo a thorough background check and receive training in elderly needs and assessments. Through our volunteers, we will strengthen our relationships between neighbors and neighborhoods.



## Liberty Township Senior Watch



Phone: 330-759-1315  
Non Emergency: 330-759-1511  
[www.libertytwp.com](http://www.libertytwp.com)

## Senior Watch

According to the latest census statistics, more than 12% of the US Population is age 65 or older. That is 35 million Americans. By the year 2010, this figure will increase to 40 million Americans. Liberty Township, Trumbull County, Ohio, is no stranger to this trend. In fact, its sizeable elderly population has sparked a need for this program that is devoted specifically to its residents.

The Liberty Township Trustees have sponsored the “Liberty Township Senior Watch Program” mainly for the benefit of its senior citizens, but others may benefit as well. Shut-ins, wheelchair bound or SSI recipients are some examples.



## How It Works

This application can be obtained at the Township Building, Police, or Fire Departments, or via the Townships website. ([www.libertytwp.com](http://www.libertytwp.com)).

The application asks for pertinent information and requests the client to choose which program they would like to be enrolled in.

The least intrusive programs are the “Check in” and “Elderly Call” and the most comprehensive is the “Senior Watch”.

Once the application is forwarded to the Police Department, it would be entered in our database and a schedule would be set for the client based on the program selected.

As part of the application process, a “site evaluation” of the client’s home would be completed by a Police or Fire Department official. This evaluation would help determine any safety concerns or any special requirements needed at the residence.

## Programs Available

The “**Check In**” program is where senior citizens who may live alone, have the opportunity to become part of our call in program. They will decide on a day and time that “**they**” will call in or check in with the Police department. If a call is missed then an officer will call them or stop over to see if everything’s O.K. (Benefit of this program – the client doesn’t have to be home to call in).

The “**Elderly Call**” program is where the senior citizen is part of our “elderly call” list. On designated days and times the police department will call the “client’s homes” to check on their welfare. Again, if no contact is made an officer will be sent to the home to check on their welfare.

The “**Senior Watch**” program is for seniors who may need our help more than others. These seniors may not have family to check on them or provide assistance. The Police Department or a designated volunteer would visit the client once a week (or more) to check on their welfare.

# Liberty Township Senior Watch Program

1315 Churchill-Hubbard Rd, Youngstown, Oh. 44505 Phone 330-759-1315 Fax 330-759-8477

## Application Form

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell/Other Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_

Application Requested by: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

**Preferred Program:** "Check In" \_\_\_\_, "Elderly Call" \_\_\_\_, "Senior Watch" \_\_\_\_. Note-All contacts will be made as time is available. If there is no response when contact is attempted then the emergency contact person will be notified. Please advise on extended absences from home and return date.

### Physician (Family / General)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

General Health/Illnesses: \_\_\_\_\_

Special Needs: \_\_\_\_\_

Allergic to medications: \_\_\_\_\_

### Emergency Contacts (Family/Neighbors/Friends)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Key Holder: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Key Holder: \_\_\_\_\_

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

Additional Information (Outside key/Lockbox/Etc): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Police Use

Zone: \_\_\_\_\_ Application Number: \_\_\_\_\_ End Date: \_\_\_\_\_