



### **How to Apply**

For more information and/or to receive an application, contact your local Police or Sheriff's Department.

Phone numbers are on the back of this brochure.

### **ABOUT THE PROGRAM**

This program is designed to assist senior citizens or older adults with disabilities who are living alone in their community.

The goal of the program is to support these individuals in maintaining their independent lifestyle.

**THE PROGRAM IS FREE**

### **HOW IT WORKS**

- Upon completion of the application the participant will call their Department daily to say "Good Morning".
- If the receptionist does not receive a call by 9:30 or 10 (depending on the department), the participant will be called.
- If the participant or their emergency contact cannot be reached, a police officer will conduct a wellness check at the home.

SENIORS OR  
OLDER  
DISABLED  
ADULTS IN  
THESE TOWNS  
CAN ENROLL

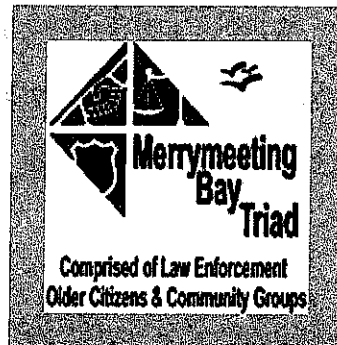
ARROWSIC  
BATH  
BOWDOIN  
BOWDOINHAM  
BRUNSWICK  
GEORGETOWN  
HARPSWELL  
PHIPPSBURG  
RICHMOND  
TOPSHAM  
WEST BATH  
WOOLWICH

**TO ENROLL CALL:**

**BATH Police  
Department**  
443-5563

**BRUNSWICK Police  
Department  
& People Plus**  
725-6621 X 4310

**SAGADAHOC COUNTY  
Sheriff**  
443-8529



**GOOD  
MORNING  
PROGRAM**



**DAILY REASSURANCE  
FOR SENIORS  
WITH  
ONE PHONE CALL**



**CITY OF BATH  
POLICE DEPARTMENT**

**ANDREW M. BOOTH**  
CHIEF of POLICE  
**MICHELLE D. SMALL**  
DEPUTY CHIEF

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250 Water Street

Bath, Maine 04530

(207) 443-5563

Dear Sir or Madam,

We are writing this letter in response to your interest in our Good Morning Program. We started this program for the City of Bath in January of 2005 and it has been a success from the start. It not only serves a good purpose by allowing folks like you living independently to have the ability to have someone looking after you each day; it also allows peace of mind to your neighbors and loved ones, knowing that Bath PD is taking notice of your well being each and every morning.

All it takes is one daily phone call, made by you to our phone number, 443-5563, between the hours of 8am to 10am. If we do not hear from you by 10am, we follow up with a phone call to you. If you do not answer your phone, we call one or more of your contacts to check up on you. If this is not possible, we call one or more of your contacts to check up on you. If this is not possible, we will send a police officer to your home to check on you to make sure all is well.

Even those on Lifeline have benefited from this program. Both Lifeline and the Good Morning Program can compliment each other. One can be used as an unobtrusive daily check and the other stands well on its own in its use for emergencies. The Good Morning Program in Bath has given aid and saved lives in its long existence, as has Lifeline.

We would love to have you join the Good Morning Program. If you have the time and would enjoy starting your day with a friendly voice on the other end of the phone line, please fill out the application and either return it by mail or call us for it to be picked up by a Bath PD officer or employee. If you have any questions, please do not hesitate to call us and speak with someone about this program. We look forward to hearing from you.

Your sincerely,

Andrew M. Booth  
Chief of Police

## **Bath Police Department**

250 Water St., Bath, ME. 04530

Telephone: 443-5563

[www.cityofbath.com](http://www.cityofbath.com)

### **THE GOOD MORNING PROGRAM**

#### **WHAT IS THE "GOOD MORNING" PROGRAM?**

"Good Morning" Program is a telephone reassurance program. This program is for older adults or adults with disabilities that live alone and are at risk of sudden illness, falls, accidents and social isolation.

#### **IS THERE ANY CHARGE FOR THIS SERVICE?**

No. This is a free service provided by the Bath Police Department. It will be available to older and disabled adults living in the City of Bath.

#### **HOW DOES THE "GOOD MORNING" PROGRAM WORK?**

Each morning between 8:00 a.m. and 10:00 a.m. the participant calls the Bath Police Department representative to say "good morning." A trained representative will take your call. If you fail to call, the program representative will follow the prearranged procedures. This may include contacting the participant's backup person or dispatching a police officer to check on the participant if necessary.

#### **HOW CAN I PARTICIPATE IN THE "GOOD MORNING" PROGRAM?**

You may call or stop by the Bath Police Department and complete the enrollment application and waiver. A letter with the guidelines for the program will be given to you. Expect to make a daily call to the "Good Morning" program representative.

#### **ARE THERE ANY RESTRICTIONS REGARDING WHO CAN PARTICIPATE?**

You must be a resident of Bath. You must be 60 years of age or older or an adult with disabilities of any age; live alone; and you must agree to make a daily telephone call. You must agree to let us know when you plan to be away.

#### **WHAT IF I HAVE A LIFELINE?**

The "Good Morning" program is a great compliment to Lifeline because you make a daily telephone call to the Good Morning Program Coordinator. Lifeline is a separate program for emergencies such as falls or accidents, or health problems requiring emergency assistance.

**Bath Police Department**

250 Water St., Bath, ME 04530

Telephone: (207) 443-5563

www.cityofbath.com

**“Good Morning” Program Participant Information Form**

Date: \_\_\_\_\_

*Office use only*

*Participant Number:* \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

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

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

I Live Alone: **YES** **NO**

Contact Person who lives nearby: Name: \_\_\_\_\_

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

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

Person to notify in an emergency: Name: \_\_\_\_\_

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

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

Primary Care Physician: \_\_\_\_\_

Primary Care Physician Telephone Numbers: \_\_\_\_\_

Medical Conditions “Good Morning” should be aware of:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Medications you take on a regular basis (both prescription and non-prescription) and dosages:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Do you have a "DNR" (do not resuscitate), Living Will or Advanced Directive?    **YES**    **NO**

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have a key hidden?    **YES**    **NO**

Location: \_\_\_\_\_

\_\_\_\_\_

Do you drive a car?    **YES**    **NO**

Description of your car: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Date: \_\_\_\_\_

Person filling out this form: \_\_\_\_\_

**THIS INFORMATION WILL BE KEPT CONFIDENTIAL**

Participant's Name Printed: \_\_\_\_\_

\_\_\_\_\_

Participant's (or authorized representative) Signature

## **“Good Morning” Program Participant Release of Information**

I, \_\_\_\_\_ **DO / DO NOT**  
authorize the Bath Police Department “Good Morning” program telephone coordinator, or his/her  
authorized designee, to receive pertinent information about myself from my family or primary care  
physician as it may pertain to my well being.

I, \_\_\_\_\_ **DO / DO NOT**  
authorize the “Good Morning” program coordinator to inform the Bath Police Department of my  
participation in the program and authorize the police to use “forcible entry” if needed to access my  
house/apartment/mobile home.

This will absolve the City of Bath and the “Good Morning” program of any and all liability for receiving  
information pertaining to my general well being and safety. It will also absolve the Bath Police  
Department of any and all property damages that may occur if they are unable to make contact with me  
and must force entry into my residence.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_