

St. Lucie County's Safeguard Our Seniors Program



Is this an update? Yes No
 If yes, please enter your S.O.S. Decal number here

Personal Information (One Person Per Form)

Last Name _____ First Name _____

Street Address _____

City _____ Zip Code _____ Telephone _____

Date of Birth / / Race _____ Sex _____ Height _____ Weight _____ Hair _____ Eyes _____

Scars, Marks, Tattoos _____ Facial Hair _____ Glasses _____

Please circle any or all programs you participate in: Medic Alert Vial of Life Organ Donor

Do you have: (Please Circle) Pacemaker Diabetes Prosthesis

Do you have any permanent disabilities? (Please Circle) Yes No

If yes, please indicate. _____

Physician's Name _____ Telephone Number _____

Vehicle Information

Year _____ Make _____ Model _____

Color _____ Tag _____ State _____

Keyholder Information

Last Name _____ First Name _____

Street Address _____ City _____ Zip _____

Home Telephone _____ Work Telephone _____

Emergency Contact Information

Is this a relative? (Please Circle) Yes No Relationship _____

Last Name _____ First Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Funeral Arrangements? (Please Circle) Yes No Funeral Home _____

I authorize all law enforcement and rescue personnel within St. Lucie County to utilize the information provided herein if it is perceived that my health or safety is in question. Furthermore, I authorize the keyholder provided by me to release the key to my residence to a properly identified representative of the St. Lucie County Sheriff's Office, Fort Pierce Police Department, Port St. Lucie Police Department or St. Lucie County Fire District. I will not hold any of these agencies or any designee thereof liable for damages caused as a result of acts in determining my safety. I will notify the St. Lucie County Sheriff's Office if I no longer wish to participate. I promise to remove the S.O.S. decal. I understand that the information provided by me to the St. Lucie County Sheriff's Office will be considered confidential and only utilized for official purposes.

Signature _____ Date / /

PLEASE PRINT

Safeguard Our Seniors Program

How Does Safeguard Our Seniors Work?

Participants in the S.O.S. program complete a questionnaire. The questionnaire contains personal information about the participant, including medical information, vehicle information, key holder information and emergency contact information. Each participant is then given a decal with a designated number. This number along with the letters S.O.S. will be the only information listed on the decal. The information provided is then kept on file at the 9-1-1 center and can be accessed only by authorized personnel, i.e., law enforcement officers and rescue personnel.

What Are The Benefits Of The Safeguard Our Senior Program?

Oftentimes, deputies or officers receive assignments to check on the welfare of individuals only to find, when they arrive on the scene, that the homes are secure and there is no response. If no other information is available, a decision must be made whether or not to forcibly enter the home to ascertain if the person is inside and in need of help. If the person was a participant in the S.O.S. program, a telephone call to a key holder would have provided quick entry into the home. A telephone call to the relative listed on the questionnaire may help to provide information on the participant's whereabouts or whether or not the participant should be home.

Information regarding the participant's vehicle can be used to help locate the participant if he or she fails to return home. Participants who indicate that they have permanent disabilities may be contacted in the event of a hurricane or natural disaster to ascertain if they need assistance in evacuating. Although Safeguard Our Seniors is available to anyone wishing to join, persons with special needs may benefit the most.

As you can see, these are just a few of the many benefits that the Safeguard Our Seniors Program has to offer.

How can I participate?

- Complete the Safeguard Our Seniors questionnaire and mail it to the St. Lucie County Sheriff's Office Crime Prevention Unit, 4700 W. Midway Road, Fort Pierce, Fl. 34981.
- Upon receipt of your questionnaire, a volunteer will deliver and affix your decal to your front door.
- Update your information anytime there is a change by completing a new questionnaire.
- Promptly notify the St. Lucie County Sheriff's Office if you move from your residence or if you choose to cancel your participation in the Safeguard Our Seniors program.

**For further information you may contact:
St. Lucie County Sheriff's Office
Crime Prevention Unit
4700 W. Midway Road
Fort Pierce, Florida 34981
772-871-5303**