

SIGN UP INFORMATION

To sign up for this service you can:

1. Fill out the application form and mail it to the police department, or
2. Fill out the application form and call the Buxton Communications Center to have an officer pick it up, or
3. Fill out the application form and drop it off at the police department anytime.

CONTACT NUMBERS:

BUXTON
COMMUNICATIONS
CENTER
207-929-5151
207-929-6612

STAMP

BUXTON POLICE DEPARTMENT
185 PORTLAND ROAD
BUXTON MAINE 04093

BUXTON COMMUNITY CARES PROGRAM





BUXTON COMMUNITY CARES PROGRAM

The Buxton Community Cares Program was established in 1992. The program was designed for citizens to call in, who wish to have wellbeing checks daily.

This program has been very successful over the years. Through daily contacts, the people who utilize this program have developed great relationships with the dispatchers and police officers at this department.

Eligibility:

Eligibility is open to anyone and there is no limitation to age or length of enrollment. Commonly, members in this program have medical conditions, live alone, have just been discharged from the hospital, or simply need to have daily contact for safety, security, and peace-of-mind.

How it works:

Every morning members will call into the Buxton Communications Center between 07:00am and 09:00am to check in. The dispatcher will create a call for service and note who calls in, to keep track of each member. This call for service will also house the safety and important information needed for emergency medical response to that specific member.

What happens if I forget to call in by 09:00am?

- ❖ The dispatcher will call you at the number you provided on the application to check and see if everything is okay.
- ❖ If there is no answer, a police officer will be dispatched to the members residence to attempt contact. The dispatcher will also attempt to contact the family contact listed in your application to check and see if there were any appointments etc....

Once you have signed up for the program:

- ❖ The dispatcher or a police officer will contact you to obtain information regarding:
 - A spare key location or keypad code
 - Name of doctor
 - Medications or special needs
 - Family contacts

If you have filled out the application please note, this information is confidential and should be shared **ONLY** with the people you trust.

BUXTON COMMUNITY CARES PROGRAM **PRE-SIGN UP FORM**

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____

PETS: _____

HOSPITAL OF CHOICE: _____

EMERGENCY CONTACT INFORMATION

NAME: _____

ADDRESS: _____

TELEPHONE NUMBER: _____