

You Are Not Alone (YANA) Registration Form

Santa Cruz County Sheriff's Office

Applicant's Full Name		Phone No.	
Address		Cell No.	
Email		Birth Date	
Requested By		Relationship	
Address		Phone No.	
Emergency Contact Information			
<u>Contact Name (1)</u>		Phone No.	
Address		Cell No.	
Relationship		Has Key?	Y N
<u>Contact Name (2)</u>		Phone No.	
Address		Cell No.	
Relationship		Has Key?	Y N
<u>Primary Care Doctor</u>			
Desired Day for Contact	MON TUES WED THUR FRI	Preferred Time of Contact	
Additional Information			
Client Situation/Medical Condition	Pets on Premises?		
Home Alarm System? Weapons on Premises?	Any other information		

In the event that my Emergency Contact, Family Member, Friend and/or Neighbor cannot be reached, I hereby give permission for the Police or Fire Department to check on my wellbeing. I understand that the above information is for program use only, and is held in the strictest of confidence.

I have read and understood the above waiver.

Participant Signature: _____

Date: _____

Sheriff's Office Use Only			
Application Received By		Date	
Comments			
Cancellation			
Signature		Date	
Received By			