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 West Newbury Police Department. It will be available to older and disabled adults living in the town of West Newbury.

HOW DOES THE “GOOD MORNING” PROGRAM WORK?

Each morning between 8:00 am and 10:00 am the participant calls the West Newbury Police program 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 West Newbury Police Department and complete the enrollment application and waiver. A letter with the guidelines for the program will be given to you. Upon receipt of your completed application and waiver you will be contacted by the “Good Morning” program representative to confirm your participation in the program.
ARE THERE ANY RESTRICTIONS REGARDING WHO CAN PARTICIPATE?

You must be a resident of West Newbury. 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 to the “Good Morning” program. You must also 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 Life Line because you get daily contact with someone who can assist you, if necessary. Life Line is a separate program for emergencies such as falls or accidents or health problems requiring emergency assistance.
PROJECT GOOD MORNING

The West Newbury Police Department is proud to support the “Good Morning” program. This program is designed to assist senior citizens or adults with disabilities living alone in the community. The goal is to assist these people so that they may continue living an independent lifestyle. Project “Good Morning” will aid in eliminating many concerns families have about loved ones that live alone. The program is able to provide the security of knowing that the member will have source of daily contact.

Residents may be eligible for this program if they are a senior citizen or an adult with disabilities living alone. A brief application must be completed and a waiver signed. This will provide us with some basic information about the participant. Upon completion of the application the participant will call the West Newbury Police Department daily between the hours of 8:00 am and 10:00 am to say “good morning”. If a program representative does not receive your call by 10:00 am the program representative will attempt to call the participant. If contact cannot be made by telephone, a patrol unit will be dispatched to the residence to check on the welfare of the participant.

The West Newbury Police Department is pleased to be able to provide this service to residents of the Town. The program has proven effective in other communities. It has aided and assisted participants during an unexpected incapacity or predicament when they have been unable to call for assistance. Interested parties are encouraged to contact Susan Curry at the West Newbury Police Dept. (978) 363-1213.
“Good Morning” Program Participant Information Form

Date ________________________________  Participant Number __________

Name ____________________________________________ DOB __________

Mailing Address __________________________________________________

Physical Address __________________________________________________

Telephone Number _________________________________________________

I live alone: ___ Yes ___No

Contact Person who lives nearby: Name ______________________________

Telephone # ______________________________

Address __________________________________________________________

Person to notify in an emergency: Name ______________________________

Telephone # ______________________________

Address __________________________________________________________

Primary Care Physician ______________________________________________
Primary Care Physician’s Telephone # _________________________________

Medical Conditions “Good Morning” workers should be aware of:

1. ______________________________________________________________

2. ______________________________________________________________
3. ______________________________________________________________

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

1. ______________________________________________________________
2. ______________________________________________________________
3. ______________________________________________________________
4. ______________________________________________________________
5. ______________________________________________________________
6. ______________________________________________________________

Medications 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:

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

Date: ______________________

Person filling out this form: _________________________________________

This Information will be kept confidential.

Participant’s Name Printed: __________________________________________

Participant (or authorized representative) Signature:

___________________________________________________________________
“Good Morning” Program Participant Release of Information

I, ____________________________________________________________, DO/DO NOT authorize the West Newbury 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 wellbeing.

I, ____________________________________________________________, DO/DO NOT authorize the “Good Morning” program coordinator to inform the West Newbury 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 “Good Morning” program of the West Newbury Police Department of any and all liability for receiving information pertaining to my general well-being and safety. It will also absolve the West Newbury 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: ___________________________________________________________