



Roscommon County Central Dispatch



Phone: (989)-275-0911 FAX Form to (989)-275-3360

Wellbeing Check Program CAD Entry Form

AGENCY REQUESTING ENTRY: _____

Agency Authorization for Entry approved by: _____

Agency Tracking No: _____ Dispatch CAD W.C. No. _____

INDIVIDUAL INFORMATION (Individual to be checked):

DATE: _____

Last Name: _____ First Name: _____

Address: _____ City & Zip: _____

Home Phone: (____) - ____ - ____ . Cell Phone: (____) - ____ - ____ .

Date of Birth: ____ / ____ / ____ . Gender: _____ Race: _____

Vehicle Make / Model: _____

Vehicle Year: _____ Vehicle Color: _____ Plate # _____

Vehicle Make / Model: _____

Vehicle Year: _____ Vehicle Color: _____ Plate # _____

Number of people in home: _____

Animals in home: _____

Are they friendly: _____

MEDICAL HISTORY:

Are you/they able to walk? Yes / No List physical impairments & medical conditions

Are there any hearing and/or sight impairments

