S.A.F.E. PROGRAM

Seniors Assisted by Friendly Enforcement

(706) 278-1233
wcsoinfo@whitfieldcountyga.com

Enrollment Form

Senior Information

Name | Date of Birth

Address | Phone

City/State/Zip | Phone

Vehicles

Key Location
Information on Entering Home

Emergency Contact Information

Name | Phone

Address

Name | Phone

Address

Enrolling Information (If not self enrolling)

Name | Date of Birth

Address

City/State/Zip

Relationship to Senior

Additional Comments/Medical concerns

Senior/Enrollee Signature