



2305 Atlantic Avenue
Longport, New Jersey 08403
609-487-7403

LONGPORT CARES

The **LONGPORT PUBLIC LIBRARY**, along with the Borough of Longport, will launch “Longport Cares” a program for residents who are 55 years of age or older who live alone or any resident of any age who has a medical condition that is potentially incapacitating.

Residents who are registered with the program simply calls the library before 10 am daily and states that he/she is OK. If the resident does not check in, the following procedure will be followed:

- 1) A phone call will be made to the resident who may have simply forgotten. If contact is not made then....
- 2) Emergency contact person listed on the application will be called to ascertain if there is knowledge that the resident is OK and maybe forgot to report a vacation, etc.
- 3) If no contact with the resident or emergency contact, a first responder will be dispatched to check the well being of the resident and that the resident is safe.

On days when the library is closed (i.e. holidays, inclement weather, etc) the participant will be contacted by a staff member of the Longport Public Library.

If you are interested in joining this program, please fill out the application and drop it off at the Longport Public Library. Applications are also available on our website, www.longportpubliclibrary.org.

Anyone with any questions about this program, please feel free to contact the library, 609-487-7403



BOROUGH OF Longport Atlantic County, NJ

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Please fill in the information below and return to the LONGPORT PUBLIC LIBRARY
This program is for LONGPORT RESIDENTS ONLY

NAME: DATE OF BIRTH

FULL ADDRESS

HOME PHONE: CELL PHONE

HIDDEN KEY LOCATION: GARAGE CODE

VEHICLE INFORMATION (if applicable)

Year Make Model

Color License Plate Number State

EMERGENCY CONTACT #1

NAME: RELATIONSHIP

FULL ADDRESS

HOME PHONE: CELL PHONE:

DOES THIS PERSON HAVE A KEY? YES NO

EMERGENCY CONTACT #2

NAME: RELATIONSHIP

FULL ADDRESS

HOME PHONE: CELL PHONE:

DOES THIS PERSON HAVE A KEY? YES NO

I HAVE READ ALL THE INFORMATION REGARDING THIS PROGRAM AND AGREE TO CONTACT THE LIBRARY DAILY BEFORE 10AM. I HAVE CORRECTLY FILLED OUT THE INFORMATION REQUESTED.

Signature Date