COMMUNITY COMFORT LINE

A Weekly Check-In for Thomaston Seniors

ENROLLMENT FORM

Participant Information

Full Name: _____

Date of Birth: _____/_____/_____

Street Address (Thomaston, ME): _____

Primary Phone Number: _____

Alternate Phone Number (If Applicable): _____

Email Address (Optional): _____

Call Preference

Participants will receive one scheduled weekly call, typically between 10:00 AM and 2:00 PM.
Please indicate your preferred call day(s)/time(s). We will do our best to honor your selection.

☐ Monday (AM)
☐ Monday (PM)
☐ Friday (AM)
☐ Friday (PM)

Emergency Contact Information

Primary Emergency Contact Name: _____

Relationship: _____

Phone Number: _____

Alternate Phone Number: _____

Email (Optional): _____

Wellness Check Instructions (Optional but Recommended)

Location Of Spare Key (If Applicable): _____

Gate Codes / Entry Instructions/ Pets (Type And Name): _____

Medical Conditions Officers Should Be Aware Of (Optional): _____

_____

Other Helpful Notes: _____

(see page 2)

PROGRAM PROCESS ACKNOWLEDGEMENT

By signing below, I acknowledge and understand the following:

• I am voluntarily enrolling in the Community Comfort Line program.
• I understand that I will receive one weekly phone call from the Thomaston Police Department, typically between 10:00 AM and 2:00 PM.
• If I do not answer the initial call, a second call attempt will be made approximately 30 minutes later.
• If I do not answer the second call attempt, the Thomaston Police Department will contact my listed emergency contact.
• If my safety cannot be confirmed through phone contact or through my emergency contact, officers may conduct an in-person home wellness check.
• I understand that this program is voluntary and may be discontinued at any time at my request.
• I understand that participation does not create a special duty beyond the scope of this program and services are provided in accordance with Maine state law.

I confirm that I am a willing participant in this program.

Participant Name (Printed): _____

Participant Signature: _____

Date: _____

IF COMPLETED BY FAMILY MEMBER OR REPRESENTATIVE

This program requires the participant's consent.
I confirm that the participant named above is aware of this registration and voluntarily agrees to participate.

Name of Person Completing Form: _____

Relationship to Participant: _____

Phone Number: _____

Signature: _____

Date: _____

Return Form To:
Thomaston Town Office
13 Valley Street, Thomaston, ME 04861
Attn: Thomaston Recreation Department
Or email image/PDF to jbarrows@thomastonmaine.gov