

SLPD CARES



SLPD CARES INTEREST FORM

A FREE telephone reassurance program for City of San Leandro residents provided by San Leandro Police Department Volunteers. The purpose of the program is to provide peace of mind to elderly, disabled or housebound residents so they know they are never alone.

Date: _____

Enrollee Name: _____

Enrollee Address: _____

Date of Birth: _____

Phone Number: _____

Enrollee's Situation/Medical Condition: _____

Referred by:

Do you want to be notified if Enrollee accepts or denies services? [] Yes [] No

We will be contacting the Enrollee to obtain additional information and to arrange for a more detailed assessment.

Return completed form to:

Volunteer Coordinator, Kris Herrera
San Leandro Police Department
901 E 14th St
San Leandro, CA 94577
Office: 510-577-3210
Fax: 510- 577-3296
kherrera@sanleandro.org

