

Rise and Shine Program Terms and Conditions

The Rise and Shine is a program offered by the Hopatcong Borough Police Department, in partnership with Hopatcong Station Hardware, to assist residents who due to advanced age, mobility, or medical concerns may be unable to answer their door during an emergency or need to be checked on daily.

The program is administered *free of charge* to any eligible resident.

Through the Rise and Shine Program, a police department-owned lock box (similar to a realtor's lock box) is installed near the door of the home if the resident does not already have a hidden key box. A key, supplied by the resident, is locked inside the box. In the event of an emergency, responding police officers are able to retrieve the key by using a confidential code allowing us to quickly enter the home without causing damage.

Residents have the option of opting into a self-generated welfare check program. If the resident wishes to enroll in this, they must contact police dispatch on the non-emergency line (973-398-5000) between 7:30AM and 10:30AM daily. If not, a uniformed patrol officer will respond to conduct a welfare check. If there is no answer at the door, the enrolling resident authorizes the responding officer(s) to enter the residence by utilizing the provided key. If an enrolled resident is away and not needing the check, they must contact the police department with the dates they will be away. A resident who generates 10 false alarm responses in one calendar year, May be subject to removal from the well check portion of the program.

Applicants to the Rise and Shine program must meet certain criteria and agree to the following terms and conditions:

- Must be 55 years of age or older or have a medical condition that is potentially incapacitating
- Must either live alone, or be home alone on a frequent basis
- Must provide a key (or keys) for an entry door to the home
- Must grant the Hopatcong Borough Police Department permission to access and use the key in an emergency. The provided application form must be signed verifying agreement to the terms and conditions of the program.
- The Police Department maintains ownership of the lock box, and if a participant moves from the residence, they must notify the Police Department so that the lock box may be retrieved.
- For security purposes the resident will not be given the code to a police department owned lock box and may not request access to the lock box except in a medical emergency.
- Residents with pets must sign the application and agree to the temporary removal of the pets for safe keeping in the event of an emergency.

HOPATCONG BOROUGH POLICE DEPARTMENT

Rise and Shine Program

APPLICATION

Last Name: _____ First Name: _____

Home Address: _____

Home Phone: _____ Other Phone #: _____

Date of Birth: _____

REASON FOR APPLICATION:

I am 55 years of age or older and I live alone or am alone on a frequent basis.

I have a medical condition that is potentially incapacitating and I live alone or I am alone on a frequent basis.

DESCRIBE YOUR MEDICAL CONDITION(s):

Doctor's Name: _____ Doctor's Phone #: _____

EMERGENCY CONTACT INFORMATION:

Name: _____

Relationship: _____

Address:

Home Phone #: _____ Cell Phone #: _____

Name: _____

Relationship: _____

Address:

Home Phone #: _____ Cell Phone #: _____

LIVING WILL INFORMATION:

Do you have a living will or Do Not Resuscitate (DNR) Form? Yes No

If yes, where is it located?

PET INFORMATION:

Dog(s) Yes No If yes, how many and what breeds and are they friendly?

Cat(s) Yes No If yes, how many? _____

In the event of a medical or other emergency, I authorize the Hopatcong Police Department and/or the Hopatcong Animal Control to remove my pet(s) and house them at the Hopatcong Animal Shelter for safe keeping.

Signature of Applicant _____

Do you have your own hidden key? Yes No

If yes, location/box combo or electronic key pad code:

If not, a police department owned lock box will be provided, applicant must supply the spare key.

I wish to enroll in the self-generated welfare check program and understand I must call 973-398-5000 daily to check in? Yes No

I understand this is a voluntary program and I agree to all the terms and conditions of my enrolment.

Signature of Applicant: _____ Date: _____