



**VILLAGE OF PHOENIX**  
 455 Main Street  
 Phoenix, NY 13135

**C.H.O.O.S.E.**  
 Cops Helping Our Own Seniors in Emergencies

**Applicant Information**

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 Street Address City - Town - Village Zip Code

**Home phone:** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

**Primary Doctor:** \_\_\_\_\_  
 Name Phone Number

**Specialist:** \_\_\_\_\_

**Medications:** \_\_\_\_\_  
 \_\_\_\_\_

**Allergies:** \_\_\_\_\_  
 \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_  
 Name Phone Number

**Other Important Information:** \_\_\_\_\_  
 \_\_\_\_\_

**Project Lifesaver:**  Yes  No

**Checks requested:** \_\_\_\_\_  
 \_\_\_\_\_

**Nearest Living Relative:** \_\_\_\_\_  
 Name Phone Number

**Medical Conditions:** \_\_\_\_\_  
 \_\_\_\_\_

**Medical History:** \_\_\_\_\_  
 \_\_\_\_\_