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ARE YOU OK?

**TELEPHONE REASSURANCE PROGRAM FOR
HOUSTON COUNTY RESIDENTS**

The “ARE YOU OK?” program is designed to check on the welfare of Houston County’s senior, disabled and/or homebound citizens. The program is for those citizens who might face medical emergencies in their homes and do not have close friends or relatives to check on them each day. “ARE YOU OK?” utilizes computer technology to contact these citizens daily by telephone. The program is provided as a public service by the Houston County 911 agency and is offered free of charge. For further information, contact the Houston County 911 Office at (478)542-9911 or (478)542-2000.

MEMBERS OF PROGRAM: Members of the program must live within the limits of Houston County and fit one of the following categories:

1. Over the age of 55, living alone, with no close relative or friends to check on their daily welfare.
2. Married and both partners are over the age of 60 years and no close relatives or friends to check on their welfare daily.
3. Any age, living alone, with a disability that inhibits the mobility of the individual and no close relatives or friends to check on the individual daily.
4. Other individuals with unusual medical or social circumstances may apply and will be considered on a case-by-case basis.

All members of the program will be expected to follow the guidelines in this handout. Failure to do so may result in the member being removed from the program.

Are You OK? Field Interview Form

Phone Number: () - Cell Home	Date Enrolled: / /	Date of Birth: / /	Time to Call: : am : pm	Answering Machine: Yes No	ID Number/CODE:
Subscriber Name and Address:			Doctor and Clergy:		
First Name _____ Middle Name _____ Last Name _____			Doctors Name _____		
Street Address _____			Doctor's Phone Number _____		
City _____ State _____ Zip _____			Clergy's Name _____		
Phone Number _____ Cell Phone Number _____			Clergy's Phone Number _____		
In Case of Emergency, Notify:					
First Name _____ Middle Name _____ Last Name _____			First Name _____ Middle Name _____ Last Name _____		
Street Address _____			Street Address _____		
City _____ State _____ Zip _____			City _____ State _____ Zip _____		
Phone Number _____ Cell Phone Number _____			Phone Number _____ Cell Phone Number _____		
Next of Kin:					
First Name _____ Middle Name _____ Last Name _____			First Name _____ Middle Name _____ Last Name _____		
Street Address _____			Street Address _____		
City _____ State _____ Zip _____			City _____ State _____ Zip _____		
Phone Number _____ Cell Phone Number _____			Phone Number _____ Cell Phone Number _____		
Keyholders:					
First Name _____ Middle Name _____ Last Name _____			First Name _____ Middle Name _____ Last Name _____		
Street Address _____			Street Address _____		
City _____ State _____ Zip _____			City _____ State _____ Zip _____		
Phone Number _____ Cell Phone Number _____			Phone Number _____ Cell Phone Number _____		
Key on Premise? Yes No	Location:				
Pets? Yes No	Type and Location:				
Live Alone? Yes No	Co-Residents:				
Vehicle on-scene? Yes No	Vehicle Year Make, Model, Color, Tag Number:				
Medical History					
Able to walk? Yes No	List Physical Impairments:				
Remarks					
Date Entered and Initials:		Letter Mailed and Initials:		Date Removed and Initials:	