



Village of Wappingers Falls Police Department
Senior Citizen Emergency Watch Program
2628 South Avenue
Wappingers Falls, NY 12590
(845) 297-1011



Senior Watch

According to the 2020 census statistics, 34% of the US Population is age 65 or older. That is approximately 54 million Americans. The Wappingers Falls Police Department has sponsored the "Wappingers Falls Police Senior Watch Program" for the benefit of our senior citizens.

How It Works

Senior Citizens have the opportunity to become part of our program. An officer will call in or check in on them periodically. These seniors may not have family to check on them or provide assistance.

An application can be obtained at the Village Hall of Wappingers Falls, Village of Wappingers Falls Police Department or by downloading the application online at the following links:

Police department – www.wfpd.info

Village website – www.wappingersfallsny.gov

The application asks for pertinent information.

Once the application is dropped off at the police department, it will be entered in our database. We ask that participants renew their application on a yearly basis, to keep their information up to date.



Village of Wappingers Falls Police Department Senior Citizen Emergency Watch Program

Please complete, mail or drop off this form to:
Village of Wappingers Falls Police Department
Attn: Emergency Watch Program
2628 South Avenue, Wappingers Falls, NY 12590
(845) 297-1011

Official Use Only
Initial Blotter #:

Received by:

Date: _____

Name:			Date of Birth:			Age:		
Street Address:								
City:			State:			Zip Code:		
Home Phone #:				Cell Phone #:				
Email Address:								
Pets: _____ YES _____ NO Type & How Many?								

MEDICAL INFORMATION

Able to walk? _____ YES _____ NO								
List any physical impairments:								
Live Alone? _____ YES _____ NO								
If no, List Names of Co- Residents/Relationship:								
Medical Conditions:								

Primary Doctors Name:				Phone Number:				
HEALTH CARE PROXY: _____ YES _____ NO				Hospital Preference:				

PRIMARY EMERGENCY CONTACT PERSON

Name:			Relationship:					
Street Address:								
City:			State:			Zip Code		
Home Phone #:			Cell Phone #:			Work #:		
Email Address:								
Keyholder to your residence: _____ YES _____ NO								

ALTERNATE EMERGENCY CONTACT PERSON

Name:			Relationship:					
Street Address:								
City:			State:			Zip Code		
Home Phone #:			Cell Phone #:			Work #:		
Email Address:								

REGISTRATION FOR PROGRAM MUST BE RENEWED BY JANUARY 1ST OF EACH YEAR.