



## **You Are Not Alone (Y.A.N.A) Program**

Do you or someone you know live alone? Would you like a safety visit from the Woodland Police Department? Did you know the Woodland Police Department volunteers provide welfare checks to Woodland residents who primarily live alone or are bedridden through our You Are Not Alone (Y.A.N.A) Program? Many times their only contact may be through the personal visits of our volunteers, therefore enhancing the quality of lives of our residents. Please note we do not provide medical assistance, but rather a measure of security with our visits. **Participants must provide authorization by submitting an application form for us to begin our visits.**

You Are Not Alone (Y.A.N.A.) is designed for the purpose of visiting individuals who do not get out or very seldom leave their homes. Upon their request, they are visited by our volunteers on a regular basis.

The fulfillment of this program is contingent on the availability of volunteer personnel. For further information, please contact us at the phone number or email listed below.

Form may be emailed, mailed, faxed, or delivered to:

**ATTN: Volunteer Coordinator**

**1000 Lincoln Way Woodland CA, 95695**

FAX: (530)662-5377

[vip@cityofwoodland.org](mailto:vip@cityofwoodland.org)

QUESTIONS:

Trista Kennedy

(530)661-7857

[Trista.Kennedy@cityofwoodland.org](mailto:Trista.Kennedy@cityofwoodland.org)



Woodland Police Department

# YOU ARE NOT ALONE (Y.A.N.A) REQUEST FORM

**1 WEEK NOTICE NEEDED- SIGNATURE IS REQUIRED AUTHORIZING Y.A.N.A CHECK**

START DATE:		<b>FOR OFFICE USE ONLY</b> <input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED  AUTHORIZER INITIALS: _____	<b>PLACE DATE STAMP BELOW</b>     
ADDRESS:			
NAME:			
PHONE NUMBER			
ALTERNATE PHONE#			

### ALTERNATE/EMERGENCY CONTACT(S)

CONTACT#1	BEST PHONE #:	BEST TIME TO BE REACHED
ADDRESS:		<input type="checkbox"/> MORNING <input type="checkbox"/> AFTERNOON <input type="checkbox"/> OTHER
CONTACT#2	BEST PHONE #:	BEST TIME TO BE REACHED
ADDRESS:		<input type="checkbox"/> MORNING <input type="checkbox"/> AFTERNOON <input type="checkbox"/> OTHER

### RESIDENTIAL PROPERTY INFORMATION

ANIMALS ON PREMISE?	TYPE OF ANIMAL?	LOCATION ON PREMISE (EXAMPLE: BACKYARD, INSIDE):
ALARM ON PREMISE? YES _____ NO _____	ALARM COMPANY NAME	ALARM COMP. PHONE NUMBER:
BACKYARD ACCESS? YES _____ NO _____	SIDE YARD ACCESS? YES _____ NO _____	

### AUTHORIZED PERSON(S) ON PREMISES (EXAMPLE: RELATIVE, FRIEND, GARDENER, ETC.)

NAME:	PHONE #:	NAME:	PHONE #:

### HEALTH INFORMATION YOU WOULD LIKE TO SHARE WITH US:

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**I AGREE THAT ALL ABOVE INFORMATION IS ACCURATE. I ALSO AGREE TO ALLOW WOODLAND POLICE DEPARTMENT PERSONNEL TO CONDUCT A Y.A.N.A CHECK AT MY RESIDENCE.**

SIGNATURE:	DATE: