

400-022 Welfare Check MM

ROUTING	LAGUNA WOODS VILLAGE SECURITY DIVISION WELFARE CHECK 400-022 (REV. 12/6/2017 rs) 0 PHOTOS		CASE#				PAGE 1 Of 2								
			INCIDENT REPORTED												
			DATE		DAY OF WEEK WED		TIME ☐ AM ☐ PM								
			S CODE # _____												
VICTIM (only if there is Mutual or GRF Damage):			☐ GRF		☐ UNITED MUTUAL		☐ THIRD MUTUAL		☐ MUTUAL 50						
LOCATION	BLDG # - APT #		STREET / INTERSECTING STREET #				P ____ PHASE #		T ____ TOWER(1/2/3)						
							D ____ BLOCK #		C ____ - ____ CARPORT						
	OTHER (CLUBHOUSE, GATE, CARPORT, ETC)				☐ Choose an item.										
RESIDENT	LAST NAME		FIRST NAME		M.I.	D.O.B		SEX	ID#						
	ADDRESS / BLDG-APT #		CITY Laguna Woods		STATE CA		ZIP 92637		PHONE #						
	SPECIAL KEY ON FILE? ☐ YES ☐ No		HOOK NUMBER		DOES THE RESIDENT HAVE A VEHICLE? ☐ YES ☐ No				CARPORT		SPACE				
	MAKE	MODEL	COLOR		YEAR		LICENSER NUMBER			STATE					
	INVOLVEMENT: SUBJECT			IDENTITY: Choose an item.											
REQUESTOR	LAST NAME		FIRST NAME		M.I.	D.O.B		SEX	ID# / PASS#		W/C#				
	ADDRESS / BLDG-APT #		CITY		STATE		ZIP		PHONE #						
	INVOLVEMENT: INFORMANT		IDENTITY / RELATIONSHIP Choose an item.												
	IS THE REQUESTOR AT THE MANOR? ☐ YES ☐ NO					AT A GATE? ☐ YES ☐ NO				GATE# _____					
CALL RECEIVED		☐ AM ☐ PM		CALL DISPATCHED		☐ AM ☐ PM		ARRIVAL TIME		☐ AM ☐ PM		DEPARTURE TIME		☐ AM ☐ PM	

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CASE #

REASON FOR THE REQUEST (CHECK ALL THAT APPLY):

- | | | |
|---|---|--|
| ☐ NOT SEEN FOR ___ DAYS | ☐ NOT TALKED TO FOR ___ DAYS | ☐ MAIL / NEWSPAPER PILED UP |
| ☐ NOT ANSWERING PHONE | ☐ PHONE NOT WORKING / BUSY | ☐ MEDICAL CONCERN |
| ☐ HEAD LOUD / UNUSAL NOISE | ☐ MISSED REGULAR CHECK-IN | ☐ MISSED APPOINTMENT _____ |
| ☐ OTHER _____ | | |

VACATION/AWAY BOOK CHECKED ?

☐ YES ☐ No

WAS THE HOME/CELL CALLED?

☐ YES ☐ No

HOSPITALS CONTACTED:

☐ YES ☐ No

WATCH COMMANDER NOTIFIED?

☐ YES ☐ No

WAS THE REQUEST NOTIFIED OF THE OUTCOME?

☐ YES ☐ NO

ADDITIONAL INFORMATION: I received a telephone call requesting a welfare check. I took the appropriate action as listed above. See attached supplemental report for further details of this incident.

"SPELL CHECK"

OCSD #

OCFA #

OTHER AGENCY #

SECURITY SERVICE REQUEST # ()

REPORTING OFFICER:

X PRINT

SUPERVISOR:

X PRINT

EMPLOYEE #:

DATE:

TIME #:

☐ AM
☐ PM

EMPLOYEE #:

DATE:

TIME #:

☐ AM
☐ PM

APPROVED BY

X

DATE: