

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 #		
	OTHER (CLUBHOUSE, GATE, CARPORT, ETC)			C ____ - ____ CARPORT				
				☒ 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	LICENSR 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: