**Oakland Police Department**

**Operation Reassurance**

**Purpose:**

The purpose of Operation Reassurance is to provide Oakland residents with an opportunity to share unique or critical information with the police department regarding themselves, a household member or a loved one. This information sharing process will allow officers and other first responders to more efficiently respond to residences and interact with individuals because they will have this important information on hand ahead of time. Information or conditions that may prove helpful to provide the police department with is if you, a household member, or a loved one has a medical condition (ex. Alzheimer’s, dementia, autism spectrum disorder), a psychological disorder, physical or mental handicap, is elderly or is a senior with a mobility issue, uses oxygen in the home or other special medical necessity is in the home or used by the resident, or other issue you would like the Oakland Police Department to know about. You can also provide your contact information to the police department in case we respond to your family member’s home in Oakland and need to contact you.

**Procedure:**

In order to make the Oakland Police Department aware of this important information, please fill out an Operation Reassurance form with as much information and details as possible and email it to Captain Timothy Keenan at tkeenan@oaklandpolice.us. This information will be entered under your address in the police department’s records management system. It will provide dispatch with an “address alert” when they send an officer to your address. The information, if applicable, will be relayed to the officer as they are responding to your house so that they can best serve you upon arrival. The details provided will be kept strictly confidential and only viewed by members of the Oakland Police Department. However, for information pertaining to senior citizens, your information may be shared with the Oakland Senior Center Director so that the Borough can contact you during a weather emergency or power outage.

**Oakland Police Department Operation Reassurance**

**Submission Form**

**Contact information for person filing submission:**

Name:

Address:

Telephone number(s):

Email Address:

**Oakland Resident with Operation Reassurance condition or information** (if different from above):

Name:

Address:

Telephone number:

Email Address:

**Briefly list the medical condition, concern or other situation that you would like responding officers to be aware of. This information will help officers better serve you or your loved one in order to provide the best level of service possible. If applicable, photos of residents may be provided. (Senior citizens: also provide the name of someone you would like the police department to contact in case of an emergency):**

**By signing this form I give my authorization for the medical information herein to be released to first responders and receiving facilities for the purpose of evaluating my needs and providing emergency transportation and support. This information will be kept confidential.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please submit this form to Captain Timothy Keenan at** **tkeenan@oaklandpolice.us**

 Updated 2/19/21