CITY OF Fremont

FREMONT POLICE DEPARTMENT PAY-TO-STAY PROGRAM

APPLICATION

_____ _____/_____/_____
Last Name First Middle Date of birth

Sex: ☐Male ☐ Female Height: _____ Weight:_____ Hair:_____ Eyes:_____ Race:_____

_____ _____ _____
Current address Apt. no. Driver License #

_____ _____ _____ _____
City State Zip Code Social Security # Last Four

(_____) ____-_____ (_____) ____-_____ (_____) ____ -_____
Home Phone Work Phone Cell Phone

Email address _____

Emergency contact:_____ Phone: (_____) ____-_____

MEDICAL INFORMATION QUESTIONAIRE

Do you have any of the following medical problems? If yes, check symptoms on list.

☐Diabetes ☐Tuberculosis ☐Seizures ☐Epilepsy ☐Hepatitis ☐HIV Positive

☐Allergies ☐Heart disease ☐Hypertension ☐Fainting Spells ☐Psych. problems

☐Asthma – Type of inhaler: _____Frequency:_____

Are you currently under the care of a physician? ☐Yes ☐No

If yes, name and phone number of physician_____

Who is your regular physician? _____ Phone number: (____) _____-_____

Are you currently under doctor's care for medical or psychiatric reasons? ☐Yes ☐No

Are you taking or do you need to take any prescribed medications? ☐Yes ☐No
If yes, detail types(s) and dosage(s):_____
_____

Have you ever attempted suicide? ☐Yes ☐No When? _____

Who is your medical insurance carrier? _____

Policy number: _____ Phone number: (_____) _____-_____

CITY OF
Fremont

COURT INFORMATION

Court case number: _____ Court: _____ Charge(s): _____

Sentencing: _____

I declare that I have read, been given the opportunity to review and ask questions about each question on this form. My signature indicates that I fully understand each of the above listed questions and conditions. I hereby certify that me responses are true and complete. I understand that any misstatement of facts will subject me to disqualification from the Fremont Police Detention Facility Pay-to-Stay program.

Applicant signature_____ Date: _____

FOR OFFICE USE ONLY:

Name of applicant: _____
Last Name First

PFN: _____ CII: _____ Rap Sheet Reviewed☐

Previous arrest information:

Charges: _____ Year: _____

Charges: _____ Year: _____

Charges: _____ Year: _____

Charges: _____ Year: _____

Approved: ☐YES ☐NO _____
Detention Facility Manager/Supervisor