

Y.A.N.A. You Are Not Alone



“You Are Not Alone”

You Are Not Alone History

In 1995, The United States Postal Service created a program to aid senior citizens and persons who were physically challenged. The program offered assistance and referrals to a variety of services.

One of the proposed services was a program that encouraged seniors or physically challenged persons to participate with their police department in the “You Are Not Alone” Program. The program’s focus is making daily, or as otherwise arranged, phone contacts to ensure the safety and welfare of participants.



The Riverside Police Department’s Role in the Y.A.N.A Program

The Riverside Police Department has volunteers making phone calls to the participants of the Y.A.N.A. Program. If contact is made, no further action is required. If the client doesn’t answer the phone after several attempts, an emergency contact person or police officer will visit their residence.

Facts about Y.A.N.A.

The “You Are Not Alone” Program is a free service provided by your Riverside Police Department. We encourage any senior, physically challenged persons, or anyone who may benefit from the program to apply.

Just answer the questions on the application provided and return it to:

Riverside Police Department
Attn: Jennie Pauli- Police Program Coordinator
4102 Orange Street
Riverside, CA.92501

A Y.A.N.A. Volunteer will then contact you and answer any questions you may have about the program.

If you have any questions, please contact:
PPC Jennie Pauli- (951) 826-5235

TOGETHER WE CAN MAKE A DIFFERENCE

Visit our Website at www.rpdonline.org



Y.A.N.A. YOU ARE NOT ALONE PROGRAM APPLICATION RIVERSIDE POLICE DEPARTMENT

PLEASE READ INFORMATION CAREFULLY

Please be sure to fill out your application as complete and as accurate as possible. If you have any questions, please contact PPC Jennie Pauli at (951) 826-5235. We will be happy to address any of your questions or concerns.

PERSONAL INFORMATION

Name:		Date of Birth:
Address:		
Home Phone:	Cell Phone:	Other:

CALL-TIME PREFERENCE

Days you prefer to be called:	Times you prefer to be called:
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EMERGENCY CONTACT INFORMATION:

Who should we contact in the event that we are unable to reach you/In case of an Emergency?

Name:	Relationship to you:	Phone Number(s):
Doctor's Name :		Doctor's Phone number:
Closest Person(Neighbor) Name:		Phone Number:
Nearest person with a key Name:		Phone Number:

ILLNESSES, CONDITIONS, OR SPEICAL NEEDS

Please list any special health concerns that we should be aware of:

HOBBIES:

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