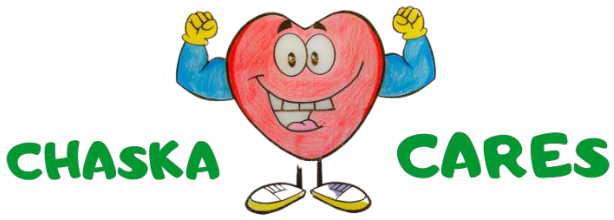

VULNERABLE ADULT CHECK-IN REQUEST

This form is available so loved ones can register their elderly or vulnerable adult family to receive a check-in phone call from our Chaska Cares team, which consists of City of Chaska, Chaska Police Department, and Chaska Fire Department staff.

Name:_____
(Last) (First) (Middle)

Address:_____

Phone:_____

Who to notify in case of emergency:_____

Phone:_____

Special Instructions/Comments:

I request that a Chaska Cares team member periodically calls the above named individual, as described above.

(Signature) _____(Date)_____

Relationship to Listed Individual: _____

Please email a completed form to chaskacares@chaskamn.com or
mail a completed form to 1 City Hall Plaza, Chaska, MN 55318 Attn: Chaska Cares

Contact Us
1 City Hall Plaza
Chaska, MN 55318
Phone: 952-448-9200