

**City of Belle Meade
Enhanced City Services**

**Operation Blue Light Pick-up & Delivery
Program Guidelines**

Purpose

During the current State of Emergency due to COVID-19, The City of Belle Meade shall strive to provide enhanced services.

These services shall include the following: Pick-up and delivery of essential items such as food and medicines and/or other items deemed essential. This program will be available to Residents that have been identified as vulnerable and have completed an application and placed in the database.

Mechanism

The City of Belle Meade Police Department shall be utilized to perform these enhanced services using members of the police department that are on duty.

Operational Procedures

The Mayor, Commissioners and the Neighborhood Watch Captains along with other members of Belle Meade Belle Meade City government will be assisting in the identification of vulnerable residents. In addition, other employees of the City may assist in the identification and application process. The application may be completed in person (using the 6 ft. rule), or the application may be taken by phone or submitted by a member of the City.

1. Complete application.
2. Instruction sheet will be given to the resident at time of application. If the application is taken by phone, a copy of the instruction sheet will be delivered to the resident.
3. Entry into database
4. Requests made shall be logged in the CAD as an event/call for service
5. Requests made shall be logged in the Vulnerable Database
6. Once the request is made an officer will be assigned and carry out request
7. Upon delivery of item(s) the officer/dispatcher shall notify the resident we are on scene and the item(s) is at the door. The officer may knock on the door and place the item(s) at the door and remain 6 ft. or more away until the resident retrieves the item(s)

Customer Service Guidelines

1. All staff members will assist Residents with completing the application and see that it is submitted in a timely fashion.
2. Deliveries maybe delayed due to call for service with a higher priority

3. If a delay occurs at any point during the process, the Resident should be called by dispatch and informed of the delay and updated if the delay will be one hour or more.
4. Staff shall be friendly and helpful as always when taking request and delivering.
5. If an applicant has requested a daily check, follow House Check guidelines for logging and delivery of the Daily Check. Checks may be done by phone daily between the hours 10:00 a.m. and 4:00 pm. unless otherwise requested for in-person. If in-person check is requested, then 6 ft. rule shall apply.

Instructions for Applicants

1. Call your order in to your local pharmacy or grocer. If you have computer access you can use your vendors app or website to order.
2. Pay for your order.
3. Call the police department at 615-297-0241 and let us know about your order and when it will be ready for pick up.
4. If the pharmacy or store provides you with a confirmation number, please provide it to the dispatcher when you call in. If you can, let the business know that a Belle Meade Police officer will be picking up your order.
5. There is no cost associated with this service.
6. When the officer arrives with your order, you will receive a call from the police department asking you to step outside. In some circumstances the officer may knock at your door. The officer will leave the items at your door. The officer will then remain at a safe distance and wait for you to retrieve your items to ensure that you receive them.

Duration of Enhanced Services

The enhanced services shall continue for the duration of the COVID-19 emergency and will cease upon the order of the Mayor of the City of Belle Meade.

City of Belle Meade

**Enhanced City Services
Operation Blue Light Pick-up & Delivery
Application for Services**

Purpose

During the State of Emergency, The City of Belle Meade shall strive to provide enhanced services. These services shall include the following: Pick-up and delivery of essential items such as, food and medicines and/or other items or services deemed essential.

Applicant Name: _____

Address: _____

Home Phone: _____ **Cell:** _____

Email: _____

Emergency Contact #1 Name: _____ **Relationship** _____

Emergency Contact #2 Name: _____ **Relationship** _____

Primary Care Provider: _____ **Phone** _____

Date of Application: _____ **Time:** _____

Daily check: Yes _____ No _____ *if yes In person* _____ *or phone call check* _____

Other

Information: _____

BMPD USE Only

Officer: _____ **Entry Date & Time:** _____

Officer: _____ **Removal Date & Time:** _____