Protective Services On-Call Schedule
Form B: For All Agencies EXCEPT Berkshire, Franklin County and Highland Valley

Agency: _____ **PAGER #:** _____

Month: _____

1.	**Pager:** **Home:**	**16.**	
2.		**17.**	
3.		**18.**	
4.		**19.**	
5.		**20.**	
6.		**21.**	
7.		**22.**	**Pager:** **Home:**
8.	**Pager:** **Home:**	**23.**	
9.		**24.**	
10.		**25.**	
11.		**26.**	
12.		**27.**	
13.		**28.**	
14.		**29.**	**Pager:** **Home:**
15.	**Pager:** **Home:**	**30.**	
		31.	

TO ACTIVATE PAGER

1. **Dial pager number (type additional pager instructions below if needed)**
2. **Enter HL number 1-800-922-2275 and hit #.**
3. **Hang up and REPEAT.**

BACK-UP PAGER

Dates	Names	Pager # Home #

Prepared by: _____ **Date:** _____ **Dir. of Agency:** _____ **Date:** _____

Mail by the 15th of the preceding month to: Elder Abuse Hotline, c/o Holy Family Hospital, 70 East Street, Methuen, MA 01844