

WILTON SOCIAL SERVICES EMERGENCY CONTACT REGISTRATION FORM

Name: _____ Date of Birth: _____

Address: _____

Phone: _____

Cell Phone: _____

Email: _____

Doctor: _____ Preferred Hospital: _____

First Emergency Contact:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email: _____

Second Emergency Contact:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email: _____

Resident Information:

YES NO

YES NO

Live alone

Family available

Bed-bound

Wheelchair-bound

Walker

Cane

Drives

Has car

Oxygen-dependent

Have portable tank

Can operate portable tank

Understands English

Hearing impaired

Deaf

Visually impaired

Blind

Insulin-dependent

Dementia

Alzheimer's

Medications

Automatic generator

Manual generator

Generator Notes:

Can operate independently

Has it been serviced recently

If you were to come to shelter, do you have pets:

Type/number of pets: _____

Are you prepared with water, food, flashlights, blankets, etc. to shelter in place for a few days if you were to lose power?

Other information: _____
