

WILTON SOCIAL SERVICES EMERGENCY CONTACT REGISTRATION FORM

Name: _____ Date of Birth: _____

Address: _____

Phone: _____

Cell Phone: _____

Email: _____

Doctor: _____ Preferred Hospital: _____

Emergency Contact 1

Name: _____

Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email: _____

Emergency Contact 2

Name: _____

Relationship: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Email: _____

Resident Information

Live alone YES NO

Family available YES NO

Bed-bound YES NO

Wheelchair-bound YES NO

Walker YES NO

Cane YES NO

Drives YES NO

Has car YES NO

Oxygen-dependent YES NO

Have portable tank YES NO

Can operate portable tank YES NO

Understands English YES NO

Hearing impaired YES NO

Deaf YES NO

Visually impaired YES NO

Blind YES NO

Insulin-dependent YES NO

Dementia YES NO

Alzheimer's YES NO

Medications YES NO

Automatic generator YES NO

Manual generator YES NO

Generator Notes:

Can operate independently YES NO

Has it been serviced recently YES NO

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

YES NO

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? YES NO

Other information: _____
