



# EMERGENCY INFORMATION FORM

SLCCV NEIGHBORS HELPING NEIGHBORS PROGRAM

AREA \_\_\_\_\_

PLEASE INDICATE TYPE OF SURVEY AND DATE:

1st SURVEY \_\_\_\_\_ DATE: \_\_\_\_\_

UPDATED: \_\_\_\_\_ DATE: \_\_\_\_\_

NO CHANGES: \_\_\_\_\_ DATE: \_\_\_\_\_

Completed by: \_\_\_\_\_

Household Address: \_\_\_\_\_ Owner \_\_\_\_\_ Renter \_\_\_\_\_

### INDIVIDUALS LIVING IN HOME:

### CIRCLE ONE:

Name \_\_\_\_\_ phone \_\_\_\_\_ cell or landline

Name \_\_\_\_\_ phone \_\_\_\_\_ cell or landline

Name \_\_\_\_\_ phone \_\_\_\_\_ cell or landline

Are residents(s) FULL YEAR \_\_\_\_\_ PART YEAR \_\_\_\_\_

PETS IN HOUSE? \_\_\_YES \_\_\_NO (optional) (Please list kind of pets & their names on back)

EMAIL: (optional) \_\_\_\_\_

### CIRCLE ONE:

IN EMERGENCY, WHO CAN BE CONTACTED? Relationship? (SON/DAUGHTER, SIBLING FRIEND)

NAME \_\_\_\_\_ Phone \_\_\_\_\_ relationship \_\_\_\_\_

NAME \_\_\_\_\_ Phone \_\_\_\_\_ relationship \_\_\_\_\_

NAME \_\_\_\_\_ Phone \_\_\_\_\_ relationship \_\_\_\_\_

DOES SOMEONE HAVE ACCESS TO KEY TO HOME? Yes \_\_\_\_\_ No \_\_\_\_\_

Who \_\_\_\_\_ Phone \_\_\_\_\_

### ADDITIONAL INFO IF NECESSARY:

LM \_\_\_\_\_

GP \_\_\_\_\_

JF \_\_\_\_\_

Please return this completed form to the Rec Dept front desk to the attention of Linda Mongrain.