

Emergency Preparedness Resident's Profile

Name _____ Date: _____

Wycliffe Street Address: _____

District (POD): _____ Number of residents at this address: ____

Residence Phone ____ - ____ - _____ Fax #: ____ - ____ - _____ Primary domicile: __ Yes __ No

If "No" primary domicile address is: _____

Phone ____ - ____ - _____

	Resident 1	Resident 2	Resident 3
Name			
Male or Female/Age			
Phone #			
Cell Phone #			
Email Address			
Medication Refrigeration? Y/N			
Medication Refrigeration? Y/N			
Medication Refrigeration? Y/N			
Special Need(s)			
Special Need(s)			
In Case of Emergency Contact	<u>Relative Name:</u>	<u>Relative Name:</u>	<u>Relative Name:</u>
	<u>Relation:</u>	<u>Relation:</u>	<u>Relation:</u>
	<u>Phone:</u>	<u>Phone:</u>	<u>Phone:</u>
	<u>Email:</u>	<u>Email:</u>	<u>Email:</u>
	<u>Physician Name:</u>	<u>Physician Name:</u>	<u>Physician Name:</u>
	<u>Phone:</u>	<u>Phone:</u>	<u>Phone:</u>

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Wycliffe residents having keys to my house:

1st: _____ Phone: _____

2nd: _____ Phone: _____

Homeowner's insurance company _____ Phone: _____

Pets: (#) ___ Dogs ___ Cats ___ Other (Please describe) _____

Their names are: _____

Could any pet pose a danger to a rescuer? _____ Yes _____ No

Are they wearing collars or name identifications? ___ Yes ___ No

Is the LP or Natural Gas in the residence? _____ Yes _____ No

Location of shut-off valve _____

Automobiles: I/we have ___ 1 ___ 2 ___ More

	Year	Make/Brand	Model	Color
Vehicle #1	_____	_____	_____	_____
Vehicle #2	_____	_____	_____	_____

Additional information including: special medications, assistance, or other healthcare needs:
