Safe At Home Application

(Please Print)

Full Name:_____.
DOB:_____.
Address:_____,Indiana
(ZIP)_____. Keyless entry: Yes/ No Entry Code:_____.
Home Telephone:_____. Gender:_____.
Alternate telephone:_____.
Work telephone_____.

Family Physician Name:_____.
Physician Telephone:_____.

Major medical or physical disabilities:_____.
_____.
_____.

Special Medical Needs (Example: oxygen tanks):_____.
_____.
_____.

Where will you go if you need to leave your home in an emergency?(*Please include the address)*_____.
_____.

Do you have any pets? Yes/ No What kind?_____.
_____.

Power of Attorney:_____.
Telephone:_____.

The information provided is for EMS, fire, and law enforcement purposes only and will only be used in those emergencies deemed necessary in order to protect or help the applicant. This information will not be released to outside sources, however it may be collected by appropriate volunteers from the Allen County TRIAD/ Volunteer center. Your participation in this program is voluntary.

Signature_____Date:_____.
Witness Signature:_____.
Printed name:_____Relationship_____.

Emergency Contact or Key holders

Name:_____.
Address:_____.
Indiana_(Zip)_____. **Keys to residence: YES/ NO**
Home Telephone:_____.
Work Telephone:_____.
Cell phone:_____.
Pager:_____.
Email_____.

Name:_____.
Address:_____.
Indiana_(Zip)_____. **Keys to residence: YES/ NO**
Home Telephone:_____.
Work Telephone:_____.
Cell phone:_____.
Pager:_____.
Email_____.

Name:_____.
Address:_____.
Indiana_(Zip)_____. **Keys to residence: YES/ NO**
Home Telephone:_____.
Work Telephone:_____.
Cell phone:_____.
Pager:_____.
Email_____.

Name:_____.
Address:_____.
Indiana_(Zip)_____. **Keys to residence: YES/ NO**
Home Telephone:_____.
Work Telephone:_____.
Cell phone:_____.
Pager:_____.
Email_____.

Please mail to: Volunteer Center 3401 Lake Ave. Ft. Wayne, IN 46815
Volunteers are available to assist with this form by calling (260)424-3505