



## PARTICIPANTS

We are updating our files and would like you to provide emergency contact information for us to call in the event we cannot reach you by phone or by knocking on your door. Please include the name, relationship, and phone number of your designated emergency contact. This information will help us ensure your safety and well-being in any time-sensitive situation.

Resident's Name: \_\_\_\_\_

Unit #: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB\* \_\_\_\_\_

Pets: **Yes – No**, Dog – Cat, Names: \* \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION: Required. \***

#### **EC1:**

Name: \* \_\_\_\_\_ Relationship: \* \_\_\_\_\_  
Phone Number: \* \_\_\_\_\_

#### **EC2:**

Name: \* \_\_\_\_\_ Relationship: \* \_\_\_\_\_  
Phone Number: \* \_\_\_\_\_

\*Location of the house key (**optional/voluntary**): For safety and wellness check reasons, it's best to choose a discreet spot that **only trusted individuals** know about. \*

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Do you have Life Alert or a similar device? **Yes – No**

\*Check one: **Windows flip card**  - **Check-in electronically**

\* Do you agree, for us to call in case of emergency the Ambulance

\* Do you agree, for us to call the police for wellness check if necessary

\* Do you have a list of medications posted on the Refrigerator **YES, NO**

Sign X \_\_\_\_\_ Date: \_\_\_\_\_

Electronic form available at: [tmhap.org/eform.html](http://tmhap.org/eform.html) **We are grateful for the information you have provided to the Home Alone committee and volunteers. Volunteers Name:** \_\_\_\_\_