

SAFE AT HOME

**An Emergency
Registration System
for Residents of
Allen County, Indiana**

260-469-3036



Sponsored by Allen County TRIAD
Dedicated to preserving the
safety of seniors.

THE PROBLEM

Every year, emergency personnel respond to hundreds of telephone calls to homes where there is a possible emergency situation but are unable to gain immediate access. It may be a concerned neighbor or a family member who has a fear for their safety or a 9-1-1 call that is answered but the caller is unable to speak.

THE SOLUTION

Registering in the Safe at Home Emergency Registration System will provide important contact information to emergency personnel before an emergency occurs.

The information you give is strictly voluntary, confidential and could save your life. Safe at Home information is entered in to the computer system shared by police, fire and EMS services throughout Allen County.

HOW TO ENROLL

Seniors or family members may complete the FREE enrollment form and mail it to the address on the form. You or your family member will receive a confirmation confirming enrollment and will receive biannual letters to update information.

For more information call
260-469-3036 or visit
www.fwpd.org/prevention/ or
www.allencountyhealth.com

Safe at Home Application

If filling out by hand, please print

Applicant			
Full Name:		Date of Birth:	
Address:		City:	
State:	Zip:	Keyless Entry System: <input type="checkbox"/> No <input type="checkbox"/> Yes	Entry Code:
Home Phone:		Alternative Phone:	
Family Physician Name:		Physician Phone:	
Major Medical or physical Disabilities:			
Special Medical Needs:			
<input type="checkbox"/> Oxygen <input type="checkbox"/> Vision Difficulties <input type="checkbox"/> Hearing Difficulties <input type="checkbox"/> Walking difficulties			
<input type="checkbox"/> Wheelchair Bound <input type="checkbox"/> Confined to Bed <input type="checkbox"/> Transfer with Assistance <input type="checkbox"/> Diabetic			
<input type="checkbox"/> COPD <input type="checkbox"/> CHF <input type="checkbox"/> Hypertension <input type="checkbox"/> Cancer			
Known Allergies:		Hospital Preference:	
Where will you go if you need to leave home in an emergency? (Include address):			
Do you have pets? <input type="checkbox"/> Yes <input type="checkbox"/> No		What Kind?	
Power of Attorney:		Phone Number:	
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. Your participation in this program is voluntary.			
Applicant/ Caregiver Signature:		Date:	
Printed Name:		Relationship:	
I agree and understand that by signing the Electronic Signature Acknowledgment and Consent Form, all electronic signatures are the legal equivalent of my manual/handwritten signature.			
Emergency Contacts			
Name:		Relationship:	
Address:		City:	
State:	Zip:		
Home Phone:		Work Phone:	
Cell Phone:		Email:	
Name:		Relationship:	
Address:		City:	
State:	Zip:		
Home Phone:		Work Phone:	
Cell Phone:		Email:	
Name:		Relationship:	
Address:		City:	
State:	Zip:		
Home Phone:		Work Phone:	
Cell Phone:		Email:	