

Safe At Home Application

Applicant:

Full name: _____ Date of Birth: _____

Address: _____ City _____ State _____ Zip _____

Keyless Entry System: YES/NO Entry Code: _____

Home Telephone: _____ Alternate Phone: _____

Family Physician Name: _____ Physician Telephone: _____

Major medical or physical disabilities: _____

Special Medical needs: _____

Oxygen: ___ Vision: ___ Hearing: ___ Walking: ___ Wheelchair bound: ___ Confined to bed: ___

Transfer with assistance: ___ Diabetic: ___ COPD: ___ CHF: ___ Hypertension ___ Cancer ___

Hospital Preference _____ Known Allergies _____

Where will you go if you need to leave home in an emergency? (Include address)

Do you have pets? YES/NO What kind? _____

Power of Attorney: _____ Telephone 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 Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Printed Name: _____ Relationship: _____

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 _____

Please fill out this application and mail to:

Allen County Triad
c/o Aging and In-Home Services
2927 Lake Ave
Fort Wayne, IN 46805
(260) 469-3036