MENOMINEE EMERGENCY ASSISTANCE REGISTRY

The purpose of this is to ensure your health and safety during an emergency: such as, ice storm, power outage, rain/thunderstorms snow storms, fire, or flooding

Name:					DOB:		Age:
(Last) (First)				(M.I.)			
Physical Address:						P.O. Box	
Please circle town name:	KESHENA WEST BRANCH		NEOPIT MID		VILLAGE	SOUTH BRANCH	1
			ZOAR		MIDWAY	LAKE AREA	
Land line Phone #:			Cell Number #:				
Are you on Oxygen? Y / N (circle)			Do you have battery or generator back up? Y / N (circle)				
Do you have required MEDICAL EQUIPMENT or MEDICATIONS that depend on Electricity or Refrigeration		List Here:	1				
			2				
			3				
Check the most appropriate box			Ambulatory: I am able to walk on my own or with the assistance of a walker				
			Wheelchair: I use a wheelchair most of the timel				
			Bed Bound: I am unable to walk on my own and cannot tolerate being in a wheelchair.				
			Service Animal:	I have a ser	vice animal		
PLEASE LIST SOMEONE WHO DOE EMERGENCY CONTACT NA						_	
TELEPHONE NUMBER:							
RELATIONSHIP:						-	
As evidenced by my signature, I h Menominee Law Enforcement De how this information in this regis	partments, De	epartment	of Aging and Long	Term Care, an	d Menominee Cou	inty Human Services Depo	artments will determine when and
By signing, you consent the use	of this infor	mation w	ith other agencies	:			Date:
rvsd 10.18.19					Signatur	re	