

Date Filled out _____

Update _____

911 Alerts by Address

Urgency: ____ **Urgent-24 hours or less** ____ Semi urgent-3 days or less
____ Not urgent- 2 weeks or less

Name of Resident: _____ Phone: _____

Address: _____ City _____

Name of Person Requesting Alert: _____ Phone# _____

Agency of Person Requesting Alert _____ Phone# _____

Contact Number of Person Agency _____ Phone# _____

Email Address of Requesting Party _____

Alert Information: Please check those that apply.

- | | |
|--|---|
| <input type="checkbox"/> History of heart trouble | <input type="checkbox"/> Hearing Impaired _____ |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Vision Impaired _____ |
| <input type="checkbox"/> Abnormal Blood Pressure | <input type="checkbox"/> Speech Impairment _____ |
| <input type="checkbox"/> Tuberculosis or lung disease | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Jaundice | <input type="checkbox"/> Bedfast |
| <input type="checkbox"/> Hepatitis ____ A ____ B ____ C | <input type="checkbox"/> Oxygen in Use |
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Medication for depression |
| <input type="checkbox"/> + HIV | <input type="checkbox"/> Medication for Panic Attacks |
| <input type="checkbox"/> Ulcers | <input type="checkbox"/> Contact lens |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dog (S) _____ # at residence |
| <input type="checkbox"/> Asthma or hay fever | <input type="checkbox"/> DNR in place |
| <input type="checkbox"/> Emphysema | <input type="checkbox"/> Organ Donor |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Home Respirator |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Cochlear Implant |
| <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Suction machine |
| <input type="checkbox"/> Heart murmur | <input type="checkbox"/> Indwelling catheter |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Home Dialysis |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> ____ Gas or Propane in use |
| <input type="checkbox"/> Alzheimer's | <input type="checkbox"/> Blood Type, if known _____ |
| <input type="checkbox"/> Parkinson | <input type="checkbox"/> I need help to evacuate my home in a
community alert situation. |
| <input type="checkbox"/> Fibromyalgia | |
| <input type="checkbox"/> Cancer | |

Allergies: ____ Penicillin or other, such as _____ ____ Bees, Insect Bites

____ Adhesive tape ____ Morphine ____ Codeine ____ Demerol

____ Sulfa Drugs ____ Latex ____ Novocain or other anesthetics _____ ____ Iodine or
Merthiolate ____ Aspirin ____ Epinephrine. ____ Tetanus ____ Antitoxin ____ Eggs ____ Milk ____ Other
Foods

Pacemaker model number _____ Defibrillator Model number _____

Need 4 wheel drive to gain access to residence

Gate Code: _____ Alarm Code: _____

Spare Key Located: _____

Please notify _____ Phone _____ if this address comes up as a 911 alert.

Next of Kin: _____ Phone _____

Other helpful information: EXAMPLES BELOW

My disability due to a head injury sometimes makes me appear confused or drunk. I have a psychiatric disability. In an emergency, I may become confused or overwhelmed. Help me find a quiet corner and I should be fine in about 10 minutes. If not, give me one pill of (name of medication) located in my (purse, wallet, pocket, etc.). **OR**

Multiple Chemical Sensitive: I react to _____, My reaction is _____

Do this _____. Be specific with your explanations.

OR

Medications: If you take medications that cannot be interrupted without serious consequences, make sure this is stated clearly and include: Prescriptions, Dosage, Times taken, When first prescribed and how long you have been on the drug, Other details regarding specifications of administration/regimen, I.e., Insulin.

OR

I cannot read. I communicate using an augmentative communication device. I can point to simple pictures or key words on a sheet, which you will find in my wallet or emergency supply kit.

OR

I use a respirator full time but can breath without it for up to 15 minutes.

This form was created as a means for individuals within the community to provide the 911-system information concerning their individual special needs, conditions, access information. This information will be kept confidential and will only be used to update the 911 system to provide better assistance to Haywood County residents. It is your right to check only items, which you feel best, serve your needs.

I _____, hereby authorize the use of the information provided above by the 911 system to obtain needed assistance. Also I authorize, _____ to assist me in getting this information to the appropriate personnel in the 911 office.

Signature of Individual requesting alert

Date

Homeland Security Consortium-HCVC
Mountain Projects, Inc. SCP 2004

Witness Signature

Date

**Web site address: www.hces.org
OR Fax to: 828-452-6737**

**OR Mail to: 215 North Main St., Waynesville, NC 28786
Attention: Joey Webb, 911 alert Information
CONFIDENTIAL**