

**Premise Information For
Beulah Emergency Responders**

Resident's Name: _____

Resident's Address: _____, _____, Colorado ZIP: _____

Resident's Phone Number: (____) _____ (____) _____
Home Cell

Resident's Email Address: _____

- 1) Ambulatory Status:
- a. Bedridden: Yes No
 - b. Wheelchair / Scooter Dependant : Yes No
 - c. Limited Mobility: If yes, to what extent? _____
 - d. Not applicable, no mobility issues

- 2) What information would you like emergency responders to know about your health condition?
- Visually Impaired? If so, to what extent? _____
- Hearing Impaired: If so, to what extent? _____
- Other Special Needs: (Please be specific) _____

- 3) Do you have a service animal? If so, Name and Type of Animal:
- _____
- _____

- 4) Do you have a hidden key that you would like Emergency Responders to have access to? If so, please include the information below including specific locations, i.e. under red flower pot on front porch, above back door, under welcome mat, etc.
- _____
- _____
- _____

- 5) If you do not have a key that responders will have access to, do you have a person we can contact that would be able to gain entry to the house if needed? If so, please provide the contact information below:
- | | |
|----------------------|----------------------|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| Phone: _____ | Phone: _____ |
| Email Address: _____ | Email Address: _____ |

- 6) Is there any other information that you feel is important for emergency responders to know? If so, please provide it below:
- _____
- _____

Signature

Date