

**CARBON COUNTY COMMUNICATIONS CENTER
HOUSE WATCH INFORMATION FORM**

NAME: _____ **PHONE:** _____

GENDER: M or F

ADDRESS: _____

OWN TYPE: Own - Rent - Other

SPEAKS ENGLISH – Yes or No

HOUSE WATCH TYPE: CIRCLE WHAT APPLIES:

Handicapped Citizen-HC	Life Support-LS	Sight Impaired-SI
Confined to Bed-BD	TDD/TTY Device-OS	Has Pet / (if evacuated)-PT
Medical Support Oxygen- O2	Medical Support/other-MO	Hearing Impaired-HI
Walk w/walker or cane-WK	Heart Patient-OS	Other Personal Situation-OS
Confined to Wheel Chair-WC		Mental Disability-MD

NEXT OF KIN CONTACT

NAME: _____ **PHONE:** _____

ADDRESS: _____

EMERGENCY CONTACT

NAME: _____ **PHONE:** _____

ADDRESS: _____

SPECIAL CONDITIONS

MEDICAL: _____

SUPPLEMENTAL INFORMATION

ID# _____

TO BE COMPLETED AND MAILED TO: Carbon County Communications
Attention: Gary Williams; 9-1-1 Director
1264 Emergency Lane
Nesquehoning, PA 18240

(IN SYSTEM FOR 2 YEARS THEN DELETED – WILL NEED TO FILL OUT NEW FORM)