

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

NAME: _____ **PHONE:** _____

GENDER: M or F

ADDRESS: _____

OWN TYPE: Own - Rent - Other (living w/family member)

SPEAKS ENGLISH – Yes or No or Partial

HOUSE WATCH TYPE: CIRCLE WHAT APPLIES:

- | | | |
|----------------------------|--------------------------|-----------------------------|
| Handicapped Citizen-HC | Life Support-LS | Sight Impaired-SI |
| Confined to Bed-BD | TDD/TTY Device-TD | Autism – Adult / Child - AU |
| Medical Support Oxygen- O2 | Medical Support/other-MO | Hearing Impaired-HI |
| Walk w/walker or cane-WK | Heart Patient-HP | Other Personal Situation-OS |
| Confined to Wheel Chair-WC | Alzheimer’s - AZ | 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)

