



EMERGENCY SERVICES DATABASE REQUEST

LAST NAME

FIRST NAME

BUILDING/APT.

HOME TELEPHONE

DISABILITY

MOBILE PHONE

DATE OF BIRTH

Specific Emergency Equipment Needed for Life Support

If you are using any Life Support systems, provide amount of Backup power:

Medical equipment utilized daily: _____

Do you need assistance in walking? ___ YES ___ No

Do you utilize a wheelchair, walker or cane? ___ YES ___ NO

EMERGENCY CONTACT PERSON

RELATIONSHIP

ADDRESS

CONTACT NUMBER

ADDITIONAL COMMENTS: _____

Would you like information on our Are-You-Ok Program? ___ Yes ___ No

Signature

Return this form by mail or
hand delivery to:
CCPD
2049 Bartow Avenue,
Bronx, NY 10475

or by email to: info@ccpd.us