

Complete this confidential registration to be used in the event of an emergency situation.

1. First Name:_____ Middle Initial____
2. Last Name :_____
3. Street Address:_____
4. Town _____ Zip Code_____
5. Telephone #_____ Cell Phone#_____
6. Male___ Female___ Marital Status_____ Name of Spouse_____
7. Do you have pets?_____ If yes, what type(s)_____
8. How many pets?_____ Do you have carriers for all of them?_____

In case of an emergency, please list next of kin, or person(s) we can contact concerning your well-being. Please list two, one being Out of Town/State contact.

9. Contact# 1

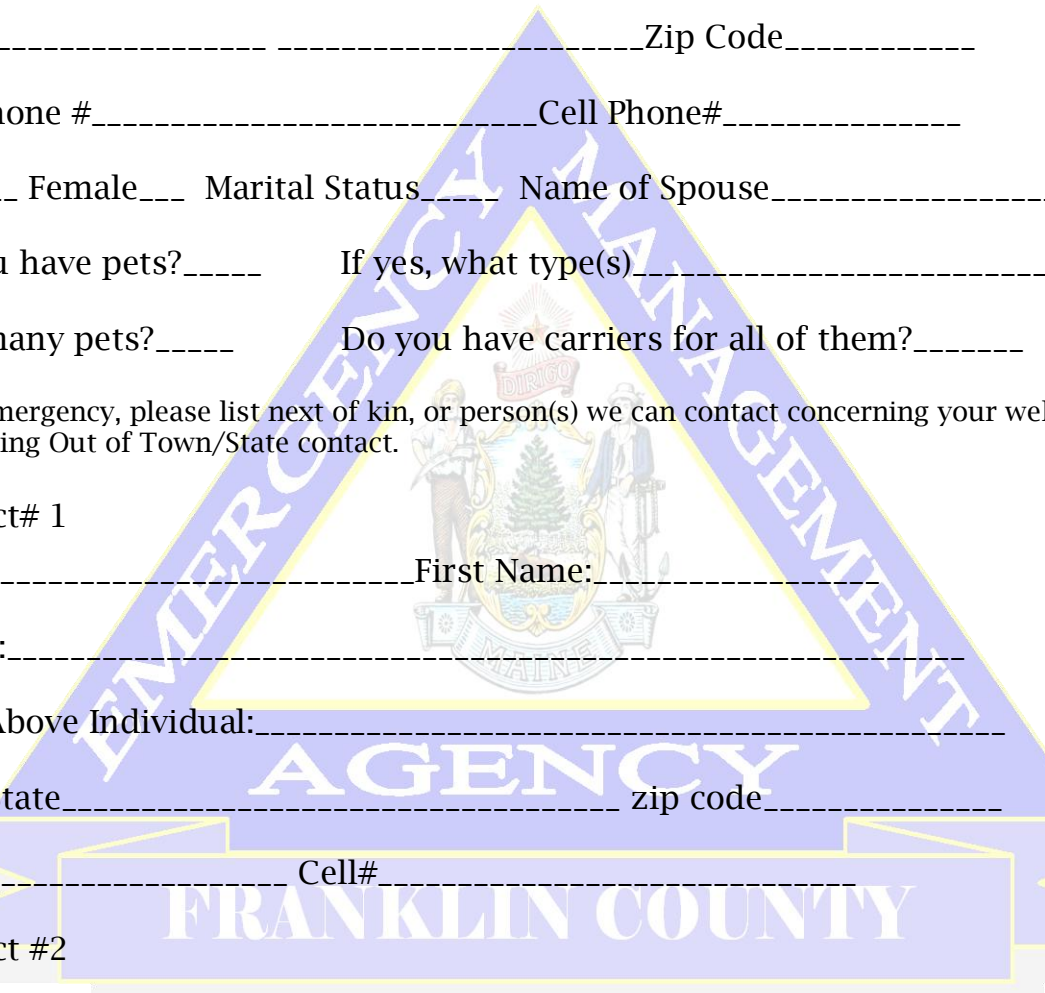
Last Name: _____ First Name: _____

Relationship: _____

Address of Above Individual: _____

Town/City/State _____ zip code _____

Telephone# _____ Cell# _____



10. Contact #2

Last Name: _____ First Name _____

Relationship _____

Address of Above Individual _____

Town/City/State _____

Telephone# _____ Cell# _____

For more information, contact:
Director of Franklin County EMA: Tim Hardy
Special Projects Coordinator: Sylvia Yeaton

The Franklin County Emergency Management Agency

**Mail: Franklin County EMA Office
140 Main St., Suite 1
Farmington, ME 04938**

**FAX: 207-778-5894
PHONE 207-778-5892
E-MAIL: fncolepc@msn.com**

Are you an individual that would need assistance during an emergency whether remaining at home or relocating to a shelter? In the event of an emergency, The **Franklin County Emergency Management Agency** would like to know *who* you are and *where* you are. The **Franklin County EMA** would like you to fill in the confidential registration form on the other side of this page. It will be kept in a secure location at the Franklin County Courthouse in Farmington, Maine. It would only be used in the event of an emergency situation.

Circle the level of need that best describes your circumstances.

Level 1. You are an elderly person living alone without nearby family/friend to help you in an emergency.

Level 2. You are a person dependent on others or in need of others for routine care (eating, walking, toileting, etc.) Children under 18 without adult supervision, etc.

Level 3. You are a person who is blind, hearing impaired, or has an amputation. Do you have a service animal? -----

Level 4. You are a person needing assistance with medical care administration, monitoring by a nurse, dependent on equipment, assistance with medications, mental health disorders. (This includes the need for medical equipment that requires electricity.)

Level 5: You are a person requiring extensive medical oversight (i.e., IV medication, chemotherapy, ventilator, dialysis, life support equipment, hospital bed and total care, or is morbidly obese).

Level 6. You are a person requiring equipment or devices, such as wheelchair, walker, cane or motorized cart.

Name of Registrant:----- (please print)

By signing this registration, I agree that FCEMA has permission to release this information to a medical provider if necessary.

Signature of Registrant-----date: -----

CALL the EMA office and we will register you over the phone. Or you can mail, FAX or E-Mail this form.

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