

ARE YOU OR DO YOU KNOW SOMEONE WHO IS HOMEBOUND?

The Livingston Office of Emergency Management, in cooperation with the Livingston Health Department, is creating a list of homebound residents who may need assistance in evacuating their homes in the event of an emergency.

Identifying our residents who are homebound will help us to create a plan to assist our high risk residents in the event that such measures need to be implemented. **This information will be kept confidential and will only be used in the event of an emergency.**

If you are a homebound Livingston resident, please complete the form below. Either mail it or call to register:

Livingston Health Department

Melissa Kimmel RN, Public Health Nurse Supervisor

204 Hillside Avenue

Livingston, New Jersey 07039

(973)535-7961 ext. 228

Name: _____

Address: _____

Telephone Number: _____

Briefly describe the extent of your disability (why are you homebound): _____

What assistive equipment do you use? (walker, wheelchair etc.) _____

Are you on oxygen? Yes ___ No ___

Do you have a generator? Yes ___ No ___

Do you live alone? Yes ___ No ___

Do you take any medication? Yes ___ No ___

Do you have a File of Life? Yes ___ No ___

Would you like one? Yes ___ No ___

Do you have someone nearby who is prepared to assist you to evacuate in an emergency? Yes ___ No ___

If yes, who? _____ Phone Number _____

Name of emergency contact: _____ Phone number: _____

Relationship: _____