

ARE YOU OR DO YOU KNOW SOMEONE THAT 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.

If you are a homebound Livingston resident, please complete the form below and mail or fax back to:

Livingston Health Department
Attn: Janet Traettino, Public Health Nurse Supervisor
204 Hillside Ave.
Livingston, NJ 07039
or fax : 973-535-7993

This information will be held in strict confidence and will only be used in the event of an emergency.

Name: _____

Address: _____

Telephone: _____

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 medications? 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: _____