

Jackson Neighbor Care Program

Do you require assistance in an emergency?

Providing Jackson emergency responders with this info can help them better assist you in time of need.

Please fill out this form and return to the **Selectmen's Office** as soon as possible. Or mail to: **PO Box 268, Jackson, NH 03846**. If someone you know requires assistance during an emergency, please urge them to complete and return this form. This form should be filled out each year to keep our records up-to-date.

This information is protected and will be kept confidential. It is for local official use only. This information is being requested on a volunteer basis and is for informational purposes for town officials and emergency responders if needed. Submitting this form does not represent a guarantee of services based on specific needs, but may serve as a useful document at the time of an emergency.

Yes/I am the person who will need assistance during an emergency:

Name:

Mailing Address:

Physical Address:

City/State/Zip:

Phone (Home):

Phone (Cell):

Phone (Work):

Email:

Relative/person we can notify to assist you in an emergency:

Name:

Address:

City/State/Zip:

Phone (Home):

Phone (Cell):

Phone (Work):

Email:

(continued on next page)

Please check EACH box that applies to your needs:

Mobility &/or Transportation Issues:

- ☐ I need a cane
- ☐ I need a walker
- ☐ I need a wheelchair
- ☐ I will need special assistance to evacuate my home as I am a person of size
- ☐ I will need wheelchair accessible transportation to successfully evacuate
- ☐ I will need an ambulance to successfully evacuate
- ☐ Other (describe):

Medical Issues:

- ☐ I require the use of oxygen
- ☐ I have hearing difficulties; my TTY number is _____.
- ☐ I have special dietary needs
- ☐ I have medical information available for responders on a (circle one): BRACELET NECKLACE OTHER
- ☐ Other (describe):

Other:

- ☐ I do not speak English
- ☐ I have a pet or service animal, he/she is a _____and weighs _____ pounds.

My Emergency Contact Sheet is located _____.

Important Reminder

***Please make sure your E911 house number is prominently displayed
so emergency responders can find you!***