

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

1. First Name: \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_
2. Age Range:  0-12       13-20       21 and over
3. Street Address: \_\_\_\_\_
4. City/Town \_\_\_\_\_ Zip Code \_\_\_\_\_
5. Telephone # \_\_\_\_\_ Cell Phone# \_\_\_\_\_ TTY# \_\_\_\_\_
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 \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone# \_\_\_\_\_ Cell# \_\_\_\_\_

For more information, contact:  
Androscoggin Unified EMA Director: Joanne G. Potvin  
Deputy Director: Timothy Bubier  
Secretary/Receptionist: Joan Bouchard  
Asst. Plans, Training and Operations: K. C. Putnam  
Telephone: (207) 784-0147 Fax: (207) 795-8938  
TTY: (207) 795-8938  
Email: [anem1@roadrunner.com](mailto:anem1@roadrunner.com)



## The Androscoggin Unified Emergency Management Agency

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 **Androscoggin Unified Emergency Management Agency** would like to know *who* you are and *where* you are. The **Androscoggin Unified EMA** would like you to fill in this confidential registration form to help us assist you. It will be kept in a secure location at the Androscoggin Unified EMA Emergency Operations Center in basement of Lewiston Central Fire Station. It would only be used in the event of an emergency situation.

Circle all levels of need that describe 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 ANEMA has permission to release this information to a medical provider or other emergency worker, if necessary.

Signature of Registrant/Guardian \_\_\_\_\_ 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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