

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

11.Last Name: _____First Name:_____

12.Relationship:_____

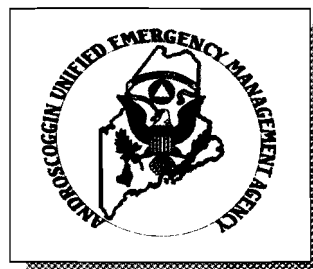
13.Address of Above Individual:_____

14.Town/City/State_____ Zip Code_____

15.Telephone# ()_____ Cell# ()_____

For more information, contact:
Androscoggin Unified EMA Director: Joanne G. Potvin
Deputy Director: Timothy Bubier
Secretary/Receptionist: Joan Bouchard

Telephone: (207) 784-0147 Fax: (207) 784-0149
TTY: (207) 795-8938
Email: 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 the confidential registration form on the other side of this page. 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 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 ANEMA has permission to release this information to a medical provider or other emergency worker, 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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