



Town of Dighton

Council on Aging

EMERGENCY PREPAREDNESS

For Dighton Residents, who are 60 years or older.

Please fill out this form **only** if you will need special help in the event of a natural disaster, (i.e., hurricane, blizzard, flooding, significant power outages) and have **no one else** who will be available to assist you. We will forward the completed form to our local Fire and Rescue Department. This form will remain confidential and will only be shared with authorized personnel.

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

EMERGENCY CONTACTS:

1. Name/Relationship: _____ Address: _____

Home Phone: _____ Cell Phone: _____

2. Name/Relationship: _____ Address: _____

Home Phone: _____ Cell Phone: _____

Do you live alone? Yes No Do you have an updated *File of Life*? Yes No

Do you have *LifeLine* or other *emergency response system*? Yes No

Please check all that apply:

Deaf or hearing impaired Blind or visually impaired Service dog

Diabetic or other health needs Cognitive impairment Speech impaired

Confined to bed Need assistance getting on a van

Wheelchair----- Manual Electric Walker Cane

Require electric powered devices Oxygen CPAP Other _____

Please complete this form and drop off, or mail to the:

Dighton Council on Aging, 300 Lincoln Avenue, North Dighton, MA 02764 or

Dighton Fire Rescue Department, 300 Main Street, P.O. Box 603, Dighton, MA 02715