



SAFE AT HOME

**An Emergency
Registration System
for Residents of
Allen County, Indiana**

260-469-3036



Sponsored by Allen County TRIAD
Dedicated to preserving the
safety of seniors.

SPECIAL THANKS TO SAFE AT HOME SPONSORS

Aging & In-Home Services
260-745-1200

Allen County Sheriff's Department
260-449-3000

Allen County TRIAD
260-469-3036

**Fort Wayne-Allen County
Department of Health**
260-449-7561

Fort Wayne Fire Department
260-427-8311 or 311

Fort Wayne Police Department
260-427-1222

Indiana State Police
260-432-8661

New Haven Police Department
260-748-7080

TRAA Ambulance Services
260-420-6500

**Allen County TRIAD
c/o Aging and In-Home Services
2927 Lake Avenue
Fort Wayne, IN 46805**

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**PLACE
STAMP
HERE**

THE PROBLEM

Every year, emergency personnel respond to hundreds of telephone calls to homes where there is a possible emergency situation but are unable to gain immediate access. It may be a concerned neighbor or a family member who has a fear for their safety or a 9-1-1 call that is answered but the caller is unable to speak.

THE SOLUTION

Registering in the Safe at Home Emergency Registration System will provide important contact information to emergency personnel before an emergency occurs.

The information you give is strictly voluntary, confidential and could save your life. Safe at Home information is entered into the computer system shared by police, fire and EMS services throughout Allen County.

HOW TO ENROLL

Seniors or family members may complete the FREE enrollment form and mail it to the address on the form. You or your family member will receive a confirmation confirming enrollment and will receive biannual letters to update information.

**For more information call
260-469-3036 or visit
www.fwpd.org/prevention/ or
www.allencountyhealth.com**

SAFE AT HOME APPLICATION

Please Print

Applicant:

Full name: _____ Date of Birth: _____
 Address: _____ City _____ State _____ Zip _____
 Keyless Entry System: YES/NO Entry Code: _____
 Home Telephone: _____ Alternate Phone: _____
 Family Physician Name: _____ Physician Telephone _____
 Major medical or physical disabilities: _____
 Special Medical needs: _____
 Oxygen: _____ Vision: _____ Hearing: _____ Walking: _____ Wheelchair bound: _____ Confined to bed: _____
 Transfer with assistance: _____ Diabetic: _____ COPD: _____ CHF: _____ Hypertension: _____ Cancer: _____
 Hospital Preference: _____ Known Allergies: _____
 Where will you go if you need to leave home in an emergency? (Include address)

Do you have pets? YES/NO What kind? _____

Power of Attorney: _____ Telephone Number: _____

The information provided is for EMS, fire and law enforcement purposes only and will only be used in those emergencies deemed necessary in order to protect or help the applicant. This information will NOT be released to outside sources, however it may be collected by appropriate volunteers from the Allen County TRIAD. Your participation in this program is voluntary.

Applicant Signature: _____ Date _____

Witness Signature: _____ Date _____

Printed Name : _____ Relationship _____

Emergency Contacts:

Name _____ Relationship _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Name _____ Relationship _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Name _____ Relationship _____

Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Please detach here, seal and mailback application form.