WASHINGTON TOWNSHIP RESIDENTS/CAREGIVERS WELL CHECK PROGRAM For Seniors and Disabled

Please fill out the information below and return to the Washington Twp. Health Dept. at 43 Schooley's Mtn. Rd. Long Valley, NJ. 07853 or email to gjohnson@wtmorris.net or fax to Gail Johnson RN, Public Health at 908-876-5138

Residents Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Date of Birth: _____Email address: _____

Do you live with a family member? Yes or No
If so, name and relationship to you: _____
Contact Information: _____

Emergency Contacts:
#1 Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Email address: _____Relationship to you: _____

#2 Name: _____
Address: _____
Home Phone: _____ Cell Phone: _____
Email address: _____Relationship to you: _____

In case of an Emergency Evacuation, do you have a family member/friend who could accommodate you? Name: _____
Home Phone: _____ Cell Phone: _____

Do you have any medical equipment that requires power/electric? Yes or No
If yes, please list: _____

Do you have a generator? Yes or No If yes, how is your generator powered? (gas, propane, natural gas) please circle one.

Are you on medications that you take daily? Yes or No

Do you have any pets? Yes or No If yes, do you have accommodations for your pets in case of an emergency evacuation.

Would you like to be contacted in an emergency situation, non-emergency or both? Please circle one.

Would you like to be contacted in the AM or PM? We will make our best effort to contact you at your preferred time.

Thank you.

If you need to update or change any information please contact Gail Johnson RN, Public Health Nurse at the Health Dept. # 908-876-3650