

Acton Emergency Management Agency

Emergency Assistance Registry Form

Name:		
Date of birth:		
Mailing Address:		
Physical address:		
If seasonal give dates of residency in Acton:		
Phone:		
Email:		
Emergency Contact Name:		
Relationship:		Emergency Contact Phone: <input type="text"/>

I may require assistance because: (check off all that apply)

- I live alone
- I receive medical or personal care in my home
- I do not speak English.
- I do not have personal transportation
- I take medication daily
- I have diabetes, cancer, epilepsy, heart or other disease
- I sometimes get confused
- I have trouble seeing
- I have difficulty hearing
- I use a cane, walker, wheelchair or other equipment
- I am confined to bed
- I use oxygen
- I need electricity for my medical equipment
- I use the following medical equipment:

I have these other needs you should know about:

Forms can be submitted by email to ema@actonmaine.org, or delivered to the Town Administrator
(Please mark "CONFIDENTIAL" in the subject line)