

**CARBON COUNTY COMMUNICATIONS CENTER
HOUSE WATCH INFORMATION FORM**

NAME: _____ PHONE: _____

ADDRESS: _____

HOUSE WATCH TYPE: CIRCLE WHAT APPLIES:

- | | | |
|-----------------------|-----------------------|--------------------------|
| Handicapped Citizen | Life Support | Sight Impaired |
| Confined to Bed | TDD/TTY Device | Autism |
| Medical Support – O2 | Medical Support/other | Hearing Impaired |
| Walk w/walker or cane | Heart Patient | Other Personal Situation |

NEXT OF KIN CONTACT

NAME: _____ PHONE: _____

ADDRESS: _____

EMERGENCY CONTACT

NAME: _____ PHONE: _____

ADDRESS: _____

SPECIAL CONDITIONS

MEDICAL: _____

SUPPLEMENTAL INFORMATION

ID# (*filled out by County*) _____

TO BE COMPLETED AND MAILED TO:

Carbon County Communications
Attention: Gary Williams; 9-1-1 Director
1264 Emergency Lane
Nesquehoning, PA 18240

