



SMITHTON VOLUNTEER FIRE DEPARTMENT

Established 1913



SMITHTON BOROUGH RESIDENT WELLNESS INFORMATION

The purpose behind this form is to gather information on which borough residents may need assistance in the event of an emergency that lasts for an extended period of time. The emergency events in mind are where power to homes is out for an extended time or there is weather damage to any homes. Our priority is to ensure the safety and wellbeing of the residents. **All information will be kept in a secure file.**

If there are any additional details you would like to share, please add them on the back of this form.

Name of resident(s)	
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Address	
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Ages of resident(s)		0-17		18-32		33-55		56+
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Please write the number of people in each age range in the residence.

Do you have a resident that requires continuous medical oxygen?		
	YES	NO

Do you have a resident that requires assistance in ambulating?		
	YES	NO

Do you have a resident hard of hearing?		
	YES	NO

Do you have a resident with poor eyesight?		
	YES	NO

Do you have a resident with special needs?		
	YES	NO

Would you like to be checked on by the fire department in the event of an extended power outage or a weather emergency?		
	YES	NO