

# HOUSEHOLD EMERGENCY CONTACT INFORMATION

Contact information for all household members. Please fill this section in and keep it up to date.

Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Business or School Evacuation Location:

\_\_\_\_\_

Medical Information:

\_\_\_\_\_

Work, School or Other Address & Telephone Numbers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Business or School Evacuation Location:

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Medical Information:

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Work, School or Other Address & Telephone Numbers:

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\_\_\_\_\_

\_\_\_\_\_

## IMPORTANT PHONE NUMBERS

**911 in case of emergency**

**311 (TTY: 212-505-4115):** When you need access to **non-emergency** services or information about City government programs.

**Fire House #:** \_\_\_\_\_ **Fire House Phone #:** \_\_\_\_\_

**Police Precinct #:** \_\_\_\_\_ **Police Precinct Phone #:** \_\_\_\_\_

## HOUSEHOLD DISASTER PLAN

Home Meeting address:

\_\_\_\_\_

\_\_\_\_\_

Home Meeting Phone #: \_\_\_\_\_

Neighborhood Meeting Address:

\_\_\_\_\_

\_\_\_\_\_

Neighborhood Meeting Phone #: \_\_\_\_\_

Out of State Contact Name:

\_\_\_\_\_

Contact Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Other Information:

\_\_\_\_\_

\_\_\_\_\_

Information:	Name:	Telephone #	Policy #
Doctor(s):			
Other:			
Pharmacist:			
Medical Insurance:			
Home Owner/ Rental Policy			

