



# City of Dothan/Houston County Emergency Operations District Resident Emergency Information

Dear Resident-

The City of Dothan & Houston County Communication Centers are dedicated to providing outstanding service anytime there is an emergency at your home. This form is completely voluntary for our residents, but completion will allow dispatchers to access emergency responder information anytime a 9-1-1 call is generated from your home. We are also dedicated to upholding the privacy of our citizens therefore once this form is completed and received by the center, it will be entered into the computer system which can only be accessed by first responders) and the original form will be destroyed. Once this form is completed it can be hand delivered or mailed to: 405 E Adams St, Dothan, AL 36303. Thank you for allowing us to continue serving you, the amazing citizens of this wonderful community!

## General Information

Resident Name: \_\_\_\_\_

Resident Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone (home): \_\_\_\_\_ Phone (cell): \_\_\_\_\_

Phone (additional): \_\_\_\_\_

## Emergency Contact Information

(In this section we are looking for persons who can be contacted in the event of a medical emergency or break in at your home. If the person has a key to your home, please check the box on the far right)

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Medical Information

(One of our largest concerns is that we may receive a call to your home and in the event of a medical emergency, you possibly not being able to speak to tell the 9-1-1 operator your needs. This may delay medical care or not allow our medics to provide medical care that is specific to

you and your family's needs. Please provide any information that you would like our responder to have in the event of a medical emergency at your home.)

Resident Name: \_\_\_\_\_ DOB \_\_\_\_\_

Please list any medical conditions or allergies you would like 1<sup>st</sup> responders to know about in the event of incapacitation: \_\_\_\_\_

\_\_\_\_\_

Resident Name: \_\_\_\_\_ DOB \_\_\_\_\_

Please list any medical conditions or allergies you would like 1<sup>st</sup> responders to know about in the event of incapacitation: \_\_\_\_\_

\_\_\_\_\_

Resident Name: \_\_\_\_\_ DOB \_\_\_\_\_

Please list any medical conditions or allergies you would like 1<sup>st</sup> responders to know about in the event of incapacitation: \_\_\_\_\_

\_\_\_\_\_

Resident Name: \_\_\_\_\_ DOB \_\_\_\_\_

Please list any medical conditions or allergies you would like 1<sup>st</sup> responders to know about in the event of incapacitation: \_\_\_\_\_

\_\_\_\_\_

(Please write any additional residents on the back of this form)

Do you have anyone in your home with any type of intellectual disability: Autism, Dementia, Alzheimer's, or any other condition that may affect the way that we will communicate with them?

YES  NO

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Do they have a water attraction?  YES  NO; If so, can they swim?  YES  NO

Do they have a tendency to wander?  YES  NO

Do they have a favorite place?  YES  NO; Location? \_\_\_\_\_

Are they verbal or non-verbal?  VERBAL  NON-VERBAL

How should first responders approach them? \_\_\_\_\_

\_\_\_\_\_

Are they afraid of anything (loud sirens, strobe lights) \_\_\_\_\_

\_\_\_\_\_

**Fire Information**

In an effort to eliminate risk to first responders and decrease the damage to your property, please list anything that can be considered a hazard in or around your home. Please also include where these items are kept. (Examples include: oxygen tanks, ammunition, hoarding hazards, propane tanks, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is anyone in your home bedridden or otherwise unable to self-evacuate in the event of a fire?  YES  NO – If yes, where in the home do they spend the majority of their time?

\_\_\_\_\_

Please list any gate/garage codes, key locations, Knox box locations/codes below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any pets at your home that may be scared of or aggressive towards first responders? \_\_\_\_\_

Is there anything else you think we need to know about when responding to your home?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**City of Dothan/Houston County Communications District**

**405 E Adams Street**

**Dothan, AL 36303**



Dear Citizen of Dothan/Houston County –

We cannot begin to tell you how much we appreciate you taking the time to fill out this form. As you know we can very rarely predict emergencies, but we can prepare for them together. The information you provided will allow our dispatchers to better serve you in the event of an emergency at your home. We wanted to provide you with additional information so please keep this sheet for reference.

**In case of an emergency, do not hesitate to call 9-1-1.**

The non-emergency telephone numbers for us are:

Houston County (Police/Fire/EMS Dispatch): 334-677-4808

Houston County Jail: 334-712-0762

Houston County Admin Line: 334-677-4800

Houston County Animal Control: 334-678-2810

City of Dothan (Police/Fire/EMS Dispatch): 334-793-0215

Dothan City Jail: 334-615-4630

City of Dothan Admin Line: 334-615-3000

City of Dothan Animal Control: 334-615-4620

CRIMESTOPPERS: 334-793—7000

Hospitals:

Southeast Health (formally SAMC): 334-793-8111

Flowers Hospital: 3334-793-5000

**Thank you for allowing us to continue serving you!**