



**EMERGENCY SERVICES DATABASE REQUEST**

LAST NAME

FIRST NAME

Building/APT.

HOME TELEPHONE

DISABILITY

MOBILE PHONE

DATE OF BIRTH

Specific Emergency Equipment Needed for Life Support

If you are using any Life Support systems, provide amount of Backup power:

Medical equipment utilized daily:

Do you need assistance in walking?      YES      NO

Do you utilize a wheelchair, walker or cane?      YES      NO

EMERGENCY CONTACT PERSON

RELATIONSHIP

ADDRESS

CONTACT NUMBER

ADDITIONAL COMMENTS:

Would you like information on our Are-You-Ok Program?      YES      NO

Signature

Return this form by mail  
or hand delivery to:  
CCPD  
2049 Bartow Avenue,  
Bronx, NY 10475

or by email to: [info@ccpd.us](mailto:info@ccpd.us)