

**Village of Bellport - Senior Citizen Emergency Watch Form**

**Please complete as much of this form as you would like and mail it to  
Village of Bellport, Attention Senior Program, 29 Bellport Lane, Bellport NY 11713**

**RESIDENT INFORMATION**

**Name**

**Email**

**Street Address**

**Home Phone Number**

**Cell Phone Number**

**Do you live alone?**

**Do you sleep on the ground floor or on the 2nd floor of your residence?**

**Please describe any medical condition which requires special attention such as oxygen.**

**Is there any condition in your house which might be hazardous to fire fighters?**

**Are you able to walk without assistance? \_\_\_Yes \_\_\_No**

**If you are not able to walk without assistance, please describe what assistance you require**

**Do you need electrical power to use any equipment for your medical condition?**

**Do you need electrical power to use a motorized wheelchair?**

**PRIMARY CONTACT PERSON**

**Name**

**Street Address**

**Home Phone Number**

**Cell Phone Number**

**ALTERNATE CONTACT PERSON**

**Name**

**Address**

**Home Phone Number**

**Cell Phone Number**