



PLEASE RETURN THIS APPLICATION TO:
WASHINGTON TOWNSHIP HEALTH DEPARTMENT
WELL CHECK PROGRAM
 43 SCHOOLEY'S MOUNTAIN ROAD
 LONG VALLEY, MORRIS COUNTY, NEW JERSEY

Telephone (908) 876-3650
 Fax (908) 876-5138

WELL CHECK PROGRAM for Seniors and Disabled Residents

Resident's Name _____ Date of Birth _____

Address _____

Home phone _____ Cell phone _____

Email Address _____

Do you live with a family member? Yes or No

If yes, name and relationship to you _____

Phone/Cell phone _____ Email address _____

PLEASE LIST 2 EMERGENCY CONTACTS

Name _____ Relationship to you _____

Address _____

Home phone _____ Cell phone _____

Email Address _____

Name _____ Relationship to you _____

Address _____

Home phone _____ Cell phone _____

Email Address _____

In case of an emergency evacuation do you have family or a friend who could accommodate you? Yes or No

If yes, name and relationship to you _____

Phone/Cell phone _____ Email address _____

Do you have any medical equipment that requires power/electricity? Yes or No

If yes, please list _____

Do you have a generator? Yes or No

If yes, how is your generator powered? Please circle one: Gas Propane Natural Gas

Are you on medications that you take daily? Yes or No

Do you have any pets? Yes or No

If yes, do you have accommodations for your pets in case of an emergency evacuation? Yes or No

Would you like to be contacted in: (please circle one) Emergency Situation Non-Emergency Situation Both

Would you prefer to be contacted in: (please circle one, we will try to accommodate your request) AM PM

If you need to update or change any of this information please contact: Washington Township Public Health Nurse, Carolyn Giordano, RN at 908-876-3650 or cgiordano@wtmorris.net

QUESTIONS?? CALL THE HEALTH DEPARTMENT AT (908) 876-3650