



Town of Dennis Council on Aging

The Dennis Council on Aging is registering older adults who may need help during emergencies such as blizzards, floods, hurricanes, or power outages.

Would you like to be on this list? Yes ___ No ___ Today's Date _____

**All information will be kept confidential by the Dennis Center for Active Living,
the Dennis Police Department & Dennis Fire Department.**

Name _____ Date of Birth _____

Address _____ Telephone # _____

Emergency Contacts:

1. Name _____ Telephone # _____

2. Name _____ Telephone # _____

Do you live alone? Yes _____ No _____

Do you have pets? Yes _____ No _____ If so, please list _____

Please list your health conditions and/or devices that require power: (ex. oxygen, breathing machines, home dialysis or power wheelchairs)

Are you a full-time resident? Yes _____ No _____

If not, list approximate date you leave and return:

Leave _____ Return _____

Do you have a Fire Department lockbox installed at your residence? Yes ___ No ___

If not, would you like one installed? Yes ___ No ___

Any other pertinent information we should be aware of? _____