



Special/Functional Needs Citizen Care Information

Jennings County 911 can enter special information into their system by address that includes premises information, special medical conditions or needs of residents, emergency contact information, alarm information, hazards to responders, etc. that emergency responders may need to be aware of. This information will not be disclosed unless there is an emergency need or nature.

If you have critical information that you feel needs entered into our system, complete this form and mail to:

Jennings County 911
925 South State Street
North Vernon, IN 47265

Date: _____

RESIDENT & PREMISE INFORMATION

Name: _____

Phone: _____

Address: _____

Alt Phone: _____

HAZARDS INSIDE THE RESIDENCE (dogs, other animals, explosives, etc.):

ACCESS INFORMATION

Alarm Company: _____

Contact Number: _____

Location of **KEY AT THE RESIDENCE**: _____

EMERGENCY CONTACT PERSON/KEYHOLDER INFORMATION

Name	Phone #	Alternate #	Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



MEDICAL CONDITIONS for occupants of the residence

Name: _____

Gender: M / F Age: _____

Bed Ridden? YES or NO Using Oxygen? YES or NO

Electricity required for
life/medical support? YES or NO

Condition/Concern:

Name: _____

Gender: M / F Age: _____

Bed Ridden? YES or NO Using Oxygen? YES or NO

Electricity required for
life/medical support? YES or NO

Condition/Concern:

Name: _____

Gender: M / F Age: _____

Bed Ridden? YES or NO Using Oxygen? YES or NO

Electricity required for
life/medical support? YES or NO

Condition/Concern:

Name: _____

Gender: M / F Age: _____

Bed Ridden? YES or NO Using Oxygen? YES or NO

Electricity required for
life/medical support? YES or NO

Condition/Concern:

NOTICE: By submitting the information contained herein, I authorize Jennings County 911 to use this information to update response information as it applies to me. I understand that this information is being gathered in an attempt to better protect and serve my family and myself. I do not authorize this information to be supplied to persons or agencies outside Jennings County 911, Jennings County Sheriff’s Department, North Vernon Police Department, Indiana State Police, Jennings County EMS (Rescue 20) and Jennings County Fire Departments. Jennings County 911 makes no guarantee regarding the completeness or accuracy of the information contained on this form. Information on the registration form is generated based on the information supplied by the user completing this registration.

I agree to notify Jennings County 911 of changes of address, phone number, or any other changes regarding the listed person(s). This information should be reviewed and updated semi-annually.

Signature of Owner/Renter/Primary Residential Contact: _____

Date: _____