



HUBER HEIGHTS FIRE DIVISION

Administrative Office: 7008 Brandt Pike, Huber Heights, OH 45424

Telephone: 937-233-1564 Fax Number: 937-233-4520

"HOMESAFE"

Program Application

Date: _____

Last Name: _____ First Name: _____ M.I. _____

Male _____ Female _____ Age _____ Date of Birth: _____

Home Address: _____

Telephone (Home) _____ Telephone (Cell) _____

Family Dr. Name: _____ Telephone: _____

Preferred Hospital: _____

Name of person who has a key to your residence: _____

Relationship to you _____ Telephone #: _____

Address: _____ Other phone#: _____

Name, Address and Phone # of person to be contacted in case of emergency: _____

List your medical conditions: _____

Where are your medicines kept? _____

Religion _____ Clergy Name & Phone #: _____

I have freely given the above information to the Huber Heights Fire Division for use in monitoring my safety and well-being. This information may be used by the Fire Division personnel, volunteers and any other person associated with the "HomeSafe Program." I understand that this information will not be distributed to other commercial organizations.

Signature _____ Date _____

FOR OFFICE USE ONLY - Program Start Date _____ Termination Date _____