



Township of Livingston
Health Department

Homebound Resident Form

Phone: 973-535-7961

Fax: 973-535-3234

Are you or do you know someone who is homebound?

The Livingston Office of Emergency Management, in cooperation with the Livingston Health Department, is creating a list of homebound residents who may need assistance in evacuating their homes in the event of an emergency.

Identifying our residents who are homebound will help us to create a plan to assist our high risk residents in the event that such measures need to be implemented. **This information will be kept confidential and will only be used in the event of an emergency.**

If you are a homebound Livingston resident, please complete the form below. Either mail it or call to register:

Livingston Health Department
Melissa Kimmel RN, Public Health Nurse Supervisor
204 Hillside Avenue
Livingston, New Jersey 07039
(973)535-7961 ext. 228

Name: _____

Address: _____

Telephone Number: _____

Briefly describe the extent of your disability (why are you homebound): _____

What assistive equipment do you use? (walker, wheelchair etc.) _____

Are you on oxygen? Yes___ No___

Do you have a generator? Yes___ No___

Do you live alone? Yes___ No___

Do you take any medication? Yes___ No___

Do you have a File of Life? Yes___ No___

Would you like one? Yes___ No___

Do you have someone nearby who is prepared to assist you to evacuate in an emergency? Yes___ No___

If yes, who? _____ Phone Number _____

Name of emergency contact: _____ Phone number: _____

Relationship: _____