

Safe@Home

A SPECIAL SUPPLEMENT ABOUT LIVING SAFELY AND INDEPENDENTLY AT HOME • VOLUME 1, NUMBER 2

LAGUNA BEACH
SENIORS



The experts call it "aging in place." And survey after survey says it's what most of us want: to live in our homes forever or—at the very least—for as long as possible. That's an important part of the mission of Laguna Beach Seniors, and each issue of "Safe@Home" will address simple things we all can do to make us feel—at the very least—safer at home. Each issue will have a different theme, and since all kinds of things make us feel safe, we'll have lots to write about. Is there a topic of special importance to you? Please call us at 949/497-2441.

BE PREPARED

Fires, mudslides, landslides, earthquakes — there's no shortage of natural disasters Californians must live with. It's human nature to want to push these concerns aside. But there are better (and worry-free) ways to be "safe at home" even in trying times.

One of the simplest things you can do is fill out the form on the other side of this page. It's from the City of Laguna Beach, Senior Services, and Laguna Beach Police Department, which are working together to prepare a database of residents who may need assistance in case of an emergency, disaster or evacuation.

All information will be kept confidential and will only be used for emergency situations. To keep this information current, let the City know whenever there's a change. The disaster preparedness team also will send you an annual reminder notice to review and update your information.

In an emergency, the most important facts about you will be in a database that can be quickly accessed by emergency response teams. In the event an evacuation is necessary and you are taken to an evacuation point within the City, this information will help them meet any special needs you might have and also reconnect you quickly with friends, neighbors, and family.

So remember the Scout motto: "Be prepared." Take time now to complete the form on the other side of this page and return it to:

City of Laguna Beach, Senior Services
515 Forest Ave
Laguna Beach CA 92651
Attn: Patty Koss

TIP: MAKE COPIES OF THIS IMPORTANT DOCUMENT TO GIVE TO YOUR FRIENDS AND FAMILY. COPIES OF THIS FORM CAN ALSO BE FOUND AT OUR WEBSITE

I give my consent to the City of Laguna Beach Police and Emergency personnel to use the information I provide in case of emergency, disaster, or evacuation.

Name (Print)

Signature

Date

FOR MORE INFORMATION, CONTACT PATTY KOSS, SENIOR CENTER COORDINATOR AT 949/464-9535 OR PKOSS@LAGUNABEACHCITY.NET

City of Laguna Beach - 2007
Emergency Contact & Medical Information

All information provided will be kept confidential.

| | | | | |
|-------------------|------------|--------------------------|---------------------------|--------|
| _____ | | _____ | | M F |
| Name | | Date of Birth | | Sex |
| _____ | | _____ | | |
| Spouse's Name | | Date of Birth | | |
| () | () | _____ | _____ | |
| Home Phone | Cell Phone | License Plate # | Car – Make, Model & Color | |
| _____ | | _____ | | |
| Address | | Other House Hold Members | | |
| _____ | | _____ | | |
| City, ST ZIP Code | | Other House Hold Members | | |

Emergency Contacts

| | | | |
|---------------------------|------------|-----------------------------|------------|
| _____ | | _____ | |
| Primary Emergency Contact | | Secondary Emergency Contact | |
| () | () | () | () |
| Home Phone | Work Phone | Home Phone | Work Phone |
| _____ | | _____ | |
| Address | | Address | |
| _____ | | _____ | |
| City, ST ZIP Code | | City, ST ZIP Code | |

Medical Information

Hospital/Clinic Preference

| | |
|------------------------------|--------------------------|
| Physician's Name | Phone Number |
| _____ | _____ |
| Insurance Company (Optional) | Policy Number (Optional) |
| _____ | _____ |

Allergies/Special Health Considerations

Mobility Devices (i.e. cane, wheelchair, walker, etc.)

| | |
|---|---|
| _____ | _____ |
| Can you walk to the emergency transportation pick-up site? (No more than a ½ block). | Can you board transportation with minimal assistance? |
| _____ | _____ |
| Do you have pets? If so, what kind? | Hide-a-key location? (optional) |
| _____ | _____ |
| Neighbor with key(Name) | Neighbor's Address & Phone |
| _____ | _____ |
| Signature: | Date: |