



Account Holder Full Name:

Account Holder Phone Number:

Account Holder E-mail:

Which agency do you work for? (if applicable)

What is your relationship to the CARES Individual?

<input type="checkbox"/>	Parent	<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Professional	<input type="checkbox"/>	Family Member	<input type="checkbox"/>	Self
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CARES Individual Full Name:

CARES Individual Date of Birth (mm/dd/yyyy):

CARES Individual Street #:

Street Name:

Apt, Unit, Etc:

CARES Individual City/Town:

Please choose the reason(s) for supplemental information. Check all that apply.

<input type="checkbox"/>	Behavioral Concern	<input type="checkbox"/>	Alzheimer's or Dementia	<input type="checkbox"/>	Cognitive Disability	<input type="checkbox"/>	Deaf	<input type="checkbox"/>	Depression or PTSD
<input type="checkbox"/>	Diabetic	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Hard of Hearing	<input type="checkbox"/>	Medication Allergy	<input type="checkbox"/>	Pacemaker
<input type="checkbox"/>	Speech Impairment or Non-Verbal	<input type="checkbox"/>	Wheelchair or Mobility Issues	<input type="checkbox"/>	LVAD	<input type="checkbox"/>	Parkinson's	<input type="checkbox"/>	Electricity Dependent Medical Equipment

Other – Is there anything else emergency services should know (i.e. key codes, gate codes, safety concerns, etc)?

Phone number that may call 911 on behalf of this Individual:

Who does this phone belong to in relation to the Individual?

<input type="checkbox"/>	Parent	<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Professional	<input type="checkbox"/>	Family Member	<input type="checkbox"/>	Self
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Additional phone number that may call 911 on behalf of the Individual :

Who does this phone belong to in relation to the Individual?

<input type="checkbox"/>	Parent	<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Professional	<input type="checkbox"/>	Family Member	<input type="checkbox"/>	Self
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Additional phone number that may call 911 on behalf of the Individual:

Who does this phone belong to in relation to the Individual?

<input type="checkbox"/>	Parent	<input type="checkbox"/>	Spouse	<input type="checkbox"/>	Professional	<input type="checkbox"/>	Family Member	<input type="checkbox"/>	Self
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I certify that the information in this form is true and correct:

Date (mm/dd/yyyy):

Account Holder Signature



NH Division of Emergency Services & Communications
33 Hazen Drive, Concord, NH 03305

Phone: 603-271-6911 | Fax: 603-271-6609 | E-mail: NH911CARES@desc.nh.gov
Website: cares.desc.nh.gov

*Record Subject to Review
Please allow at least 7 days for this to take effect in the system

Updated July 2023