



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 |
|--------------------------|--------|--------------------------|--------|--------------------------|--------------|--------------------------|---------------|--------------------------|------|

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"/> | Aggressive or Violent | <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"/> | |

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 |
|--------------------------|--------|--------------------------|--------|--------------------------|--------------|--------------------------|---------------|--------------------------|------|

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 |
|--------------------------|--------|--------------------------|--------|--------------------------|--------------|--------------------------|---------------|--------------------------|------|

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 |
|--------------------------|--------|--------------------------|--------|--------------------------|--------------|--------------------------|---------------|--------------------------|------|

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 February 2023