Group Home Resident Emergency Contact Sheet

Instructions: Please complete all sections clearly. This sheet must be kept in the resident's primary file and updated immediately upon any changes.

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1. Resident Information

Resident Full Name: ______ Date of Birth: MM/DD/YYYY

Admission Date: MM/DD/YYYY Room/Bed Number: ______

Medicaid/Insurance ID: ______ SSN (Last 4 digits): ______

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2. Primary Emergency Contact

Contact Name: ______ Relationship: ______

Primary Phone: ______ Alternative Phone: ______

Email Address: ______ Home Address: ______

Authorized to Pick Up Resident? Yes / No Legal Guardian? Yes / No

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3. Secondary Emergency Contact

Contact Name: ______ Relationship: ______

Primary Phone: ______ Alternative Phone: ______

Email Address: ______ Home Address: ______

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4. Case Manager & Agency Information

Case Manager Name: ______ Agency Name: ______

Office Phone: ______ Cell Phone: ______

Email Address: ______

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5. Medical & Physician Information

Primary Care Physician: ______ Physician Phone: ______

Preferred Hospital: ______ Preferred Pharmacy: ______

Pharmacy Phone: ______

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6. Critical Medical Alerts & Allergies

Known Allergies (Food/Drug): ______

Major Diagnoses / Conditions: ______

Special Emergency Instructions: ______

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7. Staff Verification

Completed By (Staff Name): ______ Title: ______

Date Completed: MM/DD/YYYY

Last Updated: MM/DD/YYYY