



OFFICE USE ONLY

FORM #: 102

HOUSEHOLD ID:

TICKLER #:

EFFECTIVE DATE:

EMERGENCY REFERENCE SHEET

Please complete the top half of this form, detach it, and return it to your Area Office so that it may be placed in your tenant file. The bottom half is to be completed and placed inside the first cupboard door as you enter your kitchen.

NAME: _____ DATE: _____
 ADDRESS: _____ UNIT #: _____
 CITY/STATE/ZIP: _____ AREA OFFICE: _____

In case of an EMERGENCY, please notify the following:

CONTACT'S NAME	ADDRESS	PHONE #	RELATIONSHIP
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
Next of Kin:			
(4) _____	_____	_____	_____

DOCTOR'S NAME: _____ PHONE #: _____
 HOSPITAL PREFERENCE: _____
 AMBULANCE PREFERENCE: (if any) _____
 SPECIAL HEALTH PROBLEMS: _____

-----Detach Here-----

NAME: _____ DATE: _____
 ADDRESS: _____ UNIT #: _____
 CITY/STATE/ZIP: _____ AREA OFFICE: _____

In case of an EMERGENCY, please notify the following:

CONTACT'S NAME	ADDRESS	PHONE #	RELATIONSHIP
(1) _____	_____	_____	_____
(2) _____	_____	_____	_____
(3) _____	_____	_____	_____
Next of Kin:			
(4) _____	_____	_____	_____

DOCTOR'S NAME: _____ PHONE #: _____
 HOSPITAL PREFERENCE: _____
 AMBULANCE PREFERENCE: (if any) _____
 SPECIAL HEALTH PROBLEMS: _____