

# EMERGENCY ADVOCACY CONTACT INFORMATION

*When a crisis occurs, being able to communicate quickly with an Advocate is critical. Who should be contacted in an emergency depends on the specific situation and how serious it is. Use this form to record contact information for individuals advocating for you when a medical or mental crisis develops. First, please list who you want to be contacted in case of an emergency:*

	Advocates Name	Relationship	Cell#
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

*If 24-hour critical advocacy is necessary, who would you prefer to sit with you (in-person or by phone) praying and reading Scripture?*

	Name	Relationship	Cell#
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

	Name	Phone	Address
Preferred ED/ER			
Second Preferred ER			
Fire Department			
Law Enforcement (Police/Sheriff)			
Poison Control Center		800-222-1122	
Preferred Rehabilitation Center			
Second Preferred Rehabilitation Center			
Preferred Assisted Living Center			

Second Preferred Assisted Living Center			
Neighbor			
Neighbor			

*If someone needs to access your home, what information might they need?*

	Code	Location
Alarm Code		
Door Code		
Spare Key		
Lock Code		
Gate Code		

*If someone needs to access important documents, what are they and where can they find them?*

Document Type	Who will need it?	Location

*Miscellaneous Information: instructions for entering home/building, pet care*

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