



Empower Card Enrollment Form

RESIDENT INFORMATION

_____ Date

_____ Name (Last, first, middle initial) (Nickname) _____ Date of Birth

_____ Street address, City, ST, ZIP Code _____

_____ Primary phone number | Other phone number _____ Email address

Special Concerns:

Examples (non-verbal, memory impairment, does not like loud noises, etc)

In case of Emergency

_____ Name and Address _____ Relationship to Card Holder

_____ Name and Address _____ Relationship to Card Holder

_____ Physical Descriptors (height, weight, gender, hair color, eye color) _____

_____ Physician Information (Name, Address) _____ Physician Phone #

_____ Signature (Guardian Signature) _____ Date

For Administrative Use Only:

_____ Action taken _____ Date received

_____ _____ Date

_____ Police Official signature _____ Date

Attach additional documentation, if applicable.