



Empower Card Enrollment Form

RESIDENT INFORMATION

<hr/>		Date
<hr/>		<hr/>
Name (Last, first, middle initial)	(Nickname)	Date of Birth
<hr/>		<hr/>
Street address, City, ST, ZIP Code		
<hr/>		
Primary phone number Other phone number		Email address
<hr/>		<hr/>
Special Concerns:		
Examples (non-verbal, memory impairment, does not like loud noises, etc)		
<hr/>		
<hr/>		
<hr/>		

In case of Emergency

<hr/>		<hr/>
Name / Address / Phone Number		Relationship to Card Holder
<hr/>		<hr/>
Name / Address / Phone Number		Relationship to Card Holder
<hr/>		<hr/>
Physical Descriptors (height, weight, gender, hair color, eye color)		
<hr/>		<hr/>
Physician Information (Name, Address)		Physician Phone #
<hr/>		<hr/>
Signature (Guardian Signature)		Date
<hr/>		<hr/>

For Administrative Use Only:

<hr/>		Date received / Date Entered
Action taken		
<hr/>		<hr/>
		Date
<hr/>		<hr/>
Police Official signature		Date
<hr/>		<hr/>

Attach additional documentation, if applicable.