

ADDRESS _____

SNAP# _____

KENT / SUSSEX COUNTY HOME VISIT INFORMATION FORM FOR THE SPECIAL NEEDS ALERT PROGRAM (SNAP)

THIS FORM TO BE ATTACHED TO EMERGENCY INFORMATION FORM AND PLACED ON RESPONSE UNITS

Please note: Home visits are not available in New Castle County. Use the New Castle County Home Information Form.

Child's Name: _____ Name child responds to: _____

Date of Home Visit: _____

Contact person at visit: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other: _____

Caregivers Name(s): _____ Relationship: _____

ALS agency and representative on home visit: _____

BLS agency and representative on home visit: _____

House Address and description: _____

Best entrance for patient: _____

Child's room location: _____

Primary medical issue: _____

Other medical issues / diagnoses: _____

High Tech equipment: _____

Does this child need to be transported to a specific facility? : Yes No

If yes, which facility?: _____

Other special instructions / issues: _____



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health



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