

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: _____

Contact Numbers: home _____ work _____

Cell: _____ pager: _____ other: _____

Caregivers Name(s): _____ relationship: _____

ALS agency and representative on home visit: _____

BLS agency and representative on home visit: _____

House Address and description (e.g. brown ranch; also, where to find house #):

Best entrance for patient: _____

Child's room location:

Primary medical issue: _____

Other medical issues / diagnoses: _____

High tech equipment: _____

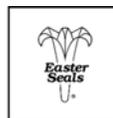
Does this child need to be transported to a specific facility? Y N:

If yes, which facility? _____

Other special instructions/issues: _____



DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Office of Emergency Medical Services



Creating solutions, changing lives.



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