



## MOLALLA HOMESAFE APPLICATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

NICKNAMES \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

SCARS/MARKS/TATOOS \_\_\_\_\_

MAJOR ILLNESSES/OTHER INFORMATION \_\_\_\_\_

CARETAKER / FACILITY NAME \_\_\_\_\_

CARETAKER / FACILITY ADDRESS \_\_\_\_\_

CARETAKER / FACILITY PHONE \_\_\_\_\_

#1 EMERGENCY CONTACT NAME \_\_\_\_\_

#1 EMERGENCY CONTACT PHONE \_\_\_\_\_

#2 EMERGENCY CONTACT NAME \_\_\_\_\_

#2 EMERGENCY CONTACT PHONE \_\_\_\_\_

PHYSICIAN NAME & PHONE \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
PHONE

*PHOTO*

RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_