

AMERILERT

Emergency Notification Contact Update

Type directly into this form and return VIA EMAIL ONLY to roe@hcanj.org.

FACILITY NAME: _____

County: _____

Membership: HCANJ _____ LeadingAgeNJ _____

Please provide two (2) cell phone numbers to receive emergency TEXT notifications:

1. (_____) _____ Provider phone company: _____

2. (_____) _____ Provider phone company: _____

Please provide two (2) phone numbers to receive emergency VOICE notifications:

1. Main facility number: (_____) _____

2. (_____) _____

Please provide six (6) email accounts to receive emergency EMAIL notifications:

1. (Primary) _____

2. _____

3. _____

4. _____

5. _____

6. _____