

# AMERILERT

## Emergency Notification Contact Update

Type directly into this form and return VIA EMAIL ONLY to [roe@hcanj.org](mailto: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. \_\_\_\_\_