

# Emergency Personal Profile

This form is intended to provide your representative with information that would be useful in a wide range of situations.

## Personal Information:

Full legal name: _____
Legal Address: _____ _____
Phone #: Home: _____ Cell: _____
Social Security #: _____ Date of birth: _____

## Insurance Information:

Medicare #: _____ Medicaid #: _____
Medical supplemental insurance: _____ Policy #: _____
Long-term care insurance: _____ Policy #: _____
Other health insurance: _____ Policy #: _____

## Decision and Document Information:

Power of Attorney: Name: _____ Relationship: _____ Phone #: _____ Alternate Phone #: _____
If no power of attorney, name of person whom you wish to make decisions on your behalf: Name: _____ Relationship: _____ Phone #: _____ Alternate Phone #: _____
Location of important documents (birth certificate etc.): Document: _____ Place: _____ Document: _____ Place: _____ Document: _____ Place: _____



**Financial Information:**

Checking account: Bank: \_\_\_\_\_  
Number: \_\_\_\_\_

Savings account / CDs: Bank: \_\_\_\_\_  
Number: \_\_\_\_\_

Safety Deposit box: Bank: \_\_\_\_\_  
Number: \_\_\_\_\_ Key Location: \_\_\_\_\_

Sources of regular income:

Name: \_\_\_\_\_  
Date of receipt: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date of receipt: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date of receipt: \_\_\_\_\_

Regular monthly bills that would have to be paid:

Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_  
Name: \_\_\_\_\_

**Contact Information:**

Persons whom you would like your representative to contact:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_