

**HUMAN RESOURCES EMERGENCY  
CONTACT INFORMATION**

STATE OF CONNECTICUT  
**DEPARTMENT OF AGING AND DISABILITY SERVICES**  
 55 Farmington Avenue, 12<sup>th</sup> Floor, Hartford, CT 06105  
 HUMAN RESOURCES

| <b>Employee Information</b>   |   |                 |   |
|---|---|-----------------|---|
| EMPLOYEE NAME (Last) (First)  |   | EMPLOYEE NUMBER |   |
| ADDRESS (Number and Street) (City) (State) (Zip Code)   |   |                 |   |
| HOME PHONE  | CELL PHONE                                | WORK PHONE      |   |
| <b>Primary Contact</b>  |   |                 |   |
| NAME (Last) (First)   |   | RELATIONSHIP    |   |
| ADDRESS (Number and Street) (City) (State) (Zip Code)   |   |                 | <input type="checkbox"/> Same address as employee |
| HOME PHONE  | <input type="checkbox"/> Same as employee | CELL PHONE      | WORK PHONE  |
| <b>Secondary Contact</b>  |   |                 |   |
| NAME (Last) (First)   |   | RELATIONSHIP    |   |
| ADDRESS (Number and Street) (City) (State) (Zip Code)   |   |                 | <input type="checkbox"/> Same address as employee |
| HOME PHONE  | <input type="checkbox"/> Same as employee | CELL PHONE      | WORK PHONE  |
| <b>***IMPORTANT***</b><br>Please list any allergies, medical issues, medications, or other information that you would like us to know about...  |   |                 |   |
| This information has been provided voluntarily and is the employee's responsibility to update as necessary. Providing this information would be beneficial to the employee should an emergency situation arise. |   |                 |   |
| EMPLOYEE SIGNATURE  |   |                 | DATE  |