

## EMERGENCY CONTACT INFORMATION

### GROUP HOME APPLICANTS (NEW AND RENEWAL)

Completion Date: \_\_\_\_\_

#### Group Home Licensee:

In the event of a County wide emergency we may need to contact all of the Group Home organizations in Montgomery County simultaneously either by phone, email, or fax machine.

Please complete the information below and return to our office along with your application. **No application will be processed without Emergency Contact information**

Owner or Corporation Name: \_\_\_\_\_

Address of Owner or Corporation: \_\_\_\_\_

Name of Emergency Contact Person : \_\_\_\_\_

Email Address of Contact Person: \_\_\_\_\_

#### Contact Person Phone Number(s)

Office Telephone No.: \_\_\_\_\_

Cellular Telephone No.: \_\_\_\_\_

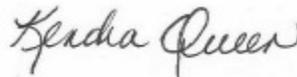
Home Telephone No. : \_\_\_\_\_

Facsimile Telephone No.: \_\_\_\_\_

Please notify me in writing or you may contact me directly at 240-777-1063, if any of the information above changes.

Thank you in advance for your cooperation

Sincerely,



Kendra Queen  
Group Home Licensing Coordinator, PMII

KQ:km