



Y.A.N.A.

You Are Not Alone

A Laguna Niguel Community Program



Resident: Mr./ Mrs./Mrs. _____

Address : _____

Cross Streets: _____ Gate Code: _____

DOB: _____ (H) _____ (C) _____

Vehicle Make: _____ License: _____

Emergency Contact : _____

Relationship: _____

Address: _____

(H) _____ (C) _____

(W) _____ Email _____

Employer: _____

Mobility: ☐ Independent ☐ Assisted ☐ Wheelchair ☐ Immobile

Home: ☐ Lives Alone ☐ Companion

Special Considerations: _____
