

Special Needs Registry Form



Everybody Has Needs - Do the Right People Know What Yours Are?

If you or someone in your household has a disability or a special medical need, the people whose job it is to respond when you call for help in an emergency need to know. Whether it affects your entire community, your street or just your home, seconds can make a life-or-death difference. Having specific details about your special situation will significantly help us help you.

EMERGENCY RESPONSE DATAFORM: Date I'm completing this form _____

Filling out this form is strictly voluntary and the data will be kept strictly confidential. It will be available only to local emergency assistance officials. **Please print clearly and provide all information.**

First Name _____ Last Name _____

Your Language (if not English) _____ In Total, how many people live in your household? _____

Your Phone # () _____ Date of Birth (month/day/year) _____

Street Address _____ Apartment No. _____

Type of Residence: _____ house; _____ assisted living facility; _____ senior housing complex/facility

Town/State/Zip _____

In an emergency, please contact:

First Name _____ Last Name _____ Their Relationship to you _____

Street Address: _____

Town/State/Zip _____ Their Phone # -primary () _____

(circle all that apply)

Are you confined to your bed Yes No Are you on constant oxygen Yes No

Are you on dialysis Yes No Do you need transportation if needed to be evacuated Yes No

Are you hard of hearing or deaf Yes No Do you have a service animal Yes No

Do you live alone Yes No Are you Ventilator dependent Yes No

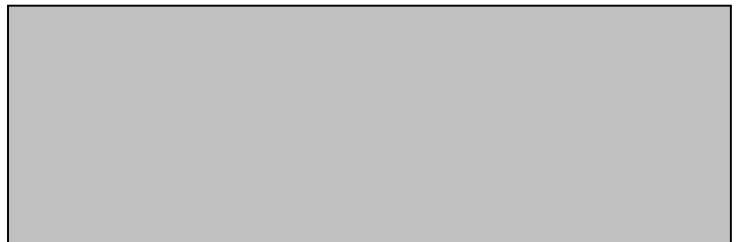
Do you need assistance walking Yes No Are you visually impaired or blind Yes No

Do you use a wheelchair Yes No

Are you on life support Yes No

Other Concerns: _____

Please Return Completed Form To:



Please update your information annually