

## **SPECIAL NEEDS INFORMATION REGISTRATION FORM**

If you or a member of your household would require special assistance in the event of an emergency evacuation, please complete and return this form now so that special arrangements can be made in advance. The information you provide will be entered into our database and will be held in strict confidence.

### **SPECIAL ASSISTANCE WOULD BE NEEDED FOR:**

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NAME

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STREET ADDRESS

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TELEPHONE NUMBER(S)

### **RESIDENCY STATUS:**

Full-time resident

Part-time resident

(Specify which months at this address) \_\_\_\_\_

### **DISABILITY/IMPAIRMENT:**

Deaf or hearing-impaired

Blind or sight-impaired

Confined to wheelchair

a) Able to walk or move with assistance

b) Could transfer to regular seats in a car, bus or van

Confined to bed

Difficulty walking or moving during an emergency

Other \_\_\_\_\_

(Please Specify)

### **SPECIAL EMERGENCY ASSISTANCE REQUIRED:**

(Check only those that are applicable)

Special notification because impairment prevents hearing public address system warning

Transportation if evacuation is required

Special accommodations because of physical impairments or medical condition

### **NAME OF PERSON COMPLETING THIS FORM:**

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NAME / RELATIONSHIP TO PERSON NEEDING ASSISTANCE

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HOME TELEPHONE NUMBER

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WORK TELEPHONE NUMBER