

SPECIAL NEEDS INFORMATION

If you or other members of your household would require special assistance in the event of an emergency evacuation, please complete and return this card now so special arrangements can be made in advance. Even if you have returned this card in previous years, please complete and return this year's card. This information will be forwarded to state and local emergency service agencies in your area. ****By completing this form you acknowledge that the information provided is given freely and voluntarily****

SPECIAL ASSISTANCE WOULD BE FOR:

NAME

ADDRESS

CITY

TELEPHONE #

- FULL-TIME RESIDENT
- PART-TIME RESIDENT (SPECIFY WHICH MONTHS AT THIS ADDRESS)
- DEAF OR HEARING IMPAIRED
- BLIND OR SIGHT IMPAIRED
- TDD TELEPHONE NUMBER
- CONFINED TO BED
- LIST ELECTRIC POWERED MEDICAL DEVICES YOU USE
- OTHER

Special emergency assistance required:
(check only those applicable)

- Specialized Notification of the even
- Transportation if evacuation is required

Alternate Emergency Contact Person:

NAME / RELATIONSHIP TO PERSON NEEDING ASSISTANCE

DAY TELEPHONE

NIGHT TELEPHONE

WILL YOU NEED ASSISTANCE IN AN EMERGENCY EVACUATION?

Do you experience any of the following conditions that could interfere with your ability to quickly evacuate a building? Circle Yes or No for each statement below.

| | | |
|-----|----|--|
| Yes | No | Limitations that interfere with walking or using stairs (joint pain, mobility device user—wheelchair, canes, crutches, walker.) |
| Yes | No | Reduced stamina, fatigue or tire easily (due to a variety of temporary or permanent conditions not limited to those on this list.) |
| Yes | No | Respiratory (cardiac {heart} conditions, asthma, emphysema, or other symptoms triggered by stress, exertion, or exposure to small amount of dust or smoke, etc.) |
| Yes | No | Emotional, cognitive, thinking, or learning difficulties (may become confused when dealing with unfamiliar and unusual activity during an emergency, lose sense of direction, or may need emergency directions explained in simple steps or basic concepts.) |
| Yes | No | Vision loss (may require modification to the standard way emergency announcements, notifications and instructions are provided.) |
| Yes | No | Hearing loss (may require modification to the standard way emergency announcements, notifications and instructions are provided.) |
| Yes | No | Temporary limitations resulting from, but not limited to: <ul style="list-style-type: none"> • Surgery • Accidents and injuries (sprains, broken bones), • Pregnancy |
| Yes | No | Do you rely on technology or medication which may not work in an emergency (hearing aids, wheelchair, gas mask, elevator, lighting, sounds)? |
| Yes | No | Other: |