SPECIAL NEEDS REQUEST CARD

This card is for those who live in the Emergency Planning Zone and would require special evacuation assistance. Complete a separate card for EACH individual in your household who needs special assistance. Call County Office of Emergency Services at 781-5011 for additional cards. Please fill out the card, even if you have filled out cards in the past. If this is your first time registering on the Special Needs List, you will receive a confirmation letter.

TO REMAIN ON THE LIST, YOU MUST RETURN THIS CARD EACH YEAR

Name_____

Residence Address_____

City/State/Zip_____

Telephone _____

Signature_____Date of Birth _____

What is the nearest major cross street to your home address?_____

Protective Action Zone (refer to Emergency Planning Zone Map in this calendar) _____

1. I have the following disability *(check appropriate boxes)*:

☐ Hard of Hearing ☐ Legally Blind ☐ Developmentally Disabled

☐ Physically Disabled ☐ Bed Bound ☐ Other

Please describe extent of the disability: _____

2. I use the following special equipment *(check appropriate boxes)*:

☐ Lift Van ☐ Wheelchair ☐ Walker

☐ Guide Dog ☐ Respirator ☐ Other

3. I have a telephone *(check appropriate boxes)*: ☐ TTY ☐ TDD

4. ☐ I live alone ☐ I have an attendant ☐ I have a neighbor who will help me

Print attendant or neighbor's name, area code and phone number:

_____

5. I would need special transportation: ☐ Yes ☐ No

If yes, *check the appropriate box*: ☐ Lift Van ☐ Ambulance

6. ☐ Please remove me from the list because:

☐ I no longer need special assistance

☐ I have made other arrangements for evacuation assistance