



# Evacuation Assistance Registration Form

This form is primarily used for independent-living individuals in the Emergency Planning Zone who would be unable to evacuate themselves due to a disability of medical need. Please fill out this form every year to remain current and provide up-to-date information.

Name \_\_\_\_\_

Residence Address \_\_\_\_\_

City & Zip Code \_\_\_\_\_

Nearest Major Cross Street? \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Signature & Date \_\_\_\_\_

Protective Action Zone (see Emergency Planning Calendar): \_\_\_\_\_

Check all that apply:

- Hard of Hearing /Deaf
- Legally Blind
- Developmentally Disabled
- Physically Disabled
- Bed Bound
- Other:

Please describe extent of the disability: \_\_\_\_\_

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

- Wheelchair
- Walker
- Service Animal
- TTY
- Oxygen
- Other Specialized Equipment: \_\_\_\_\_

- I live alone
- I have an attendant
- I have a neighbor who will help me evacuate

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

- I would need specialty transportation:  Yes  No
- If yes, check appropriate box:  Lift Van  Ambulance

- PLEASE REMOVE ME FROM THE LIST –**
- I have made other arrangements for evacuation assistance

This information is considered to be CONFIDENTIAL and will only be used for emergency purposes. For more information, visit [www.slocounty.ca.gov/OES](http://www.slocounty.ca.gov/OES). If you have any questions, contact the County Office of Emergency Services (805) 781-5011.