

Emergency Assistance Questionnaire

In the event of a public emergency or natural disaster, some residents may need special attention during evacuation and sheltering because of a physical or mental handicap. The Wayne County Emergency Management office maintains a voluntary registration list of those individuals in need of assistance. The purpose of this information is to make various response agencies aware of those with special needs. THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND WILL BE USED ONLY IN CASE OF AN EMERGENCY OR NATURAL DISASTER.

It does not guarantee that agencies will be able to provide assistance in every type of emergency. Wayne County shall not be liable for any claim based upon the good faith failure to exercise or perform a function or duty on the part of any officer or employee in carrying out a local disaster preparedness plan. If you no longer live at the address this form was sent to, please indicate your correct address.

Name _____
Phone _____
Street Address _____ Apt. # _____
Town _____ Zip _____
Birthdate _____

Alternate Contact Person _____
Relationship _____
Home Phone _____
Work Phone _____
Cell Phone _____

I have a hearing problem and need to be notified of emergencies by phone.

I have a TTY or TDD

My alternate contact person can notify me of emergencies.

Transportation needs:

I have my own transportation or can ride with someone

I require assistance to ride in a car or bus

I have a medical problem which requires assistance in case of an emergency:

Wheel Chair Oxygen/Dialysis Vision Other _____

I leave the state for a portion of each year: From: _____ To: _____

I have pets: No Yes (# and type): _____ I have a carrier/cage available for transport

I hereby consent and pre-authorize that emergency response personnel shall be able to enter my home during search and rescue operations if necessary to ensure my safety and welfare during an emergency. I also consent to have my name placed in the county voluntary registry of individuals with special needs.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:
ERPA: _____ FD: _____ Town: _____ HI _____ M _____ Records Update: _____

Fold Here and Tape Closed

SPECIAL NEEDS
To remain on our list, those with Special Needs must fill out and return, **every year**, this Emergency Questionnaire.

Detach Card Here