

Special Needs Registry Form



Everybody Has **Needs** - Do the Right People Know What Yours Are?

If you or someone in your household has a disability or a special medical need, the people whose job it is to respond when you call for help in an emergency need to know. Whether it affects your entire community, your street or just your home, seconds can make a life-or-death difference. Having specific details about your special situation will significantly help us help you.

EMERGENCY RESPONSE DATAFORM: Date I'm completing this form _____

Filling out this form is strictly voluntary and the data will be kept strictly confidential. It will be available only to local emergency assistance officials. **Please print clearly and provide all information.**

First Name _____ Last Name _____

Your Language (if not English) _____ In Total, how many people live in your household? _____

Your Phone # _____ Date of Birth (month/day/year) _____

Street Address _____ Apartment No. _____

Type of Residence: house _____ multi-unit/apartment _____ assisted living facility _____ senior housing complex/facility _____

Town/State/Zip _____

In an emergency, please contact:

First Name _____ Last Name _____ Their Relationship to you _____

Their Phone # -primary () _____ Secondary phone # () _____

(mark all that apply)

Are you confined to your bed	yes	no	Are you on constant oxygen	yes	no
Are you on dialysis	yes	no	Do you have your own transportation	yes	no
Are you hard of hearing or deaf	yes	no	Do you have a service animal	yes	no
Do you live alone	yes	no	Are you Ventilator dependent	yes	no
Do you need assistance walking	yes	no	Are you visually impaired or blind	yes	no
Do you use a wheelchair	yes	no	Do you have Alzheimer's/Dementia	yes	no
Are you on life support	yes	no	Other Concerns: _____		

Please return complete form to: Rachelle May
 1835 Sheridan Dr. or rmay@tonawanda.ny.us
 Buffalo, NY 14223

Please update your information annually