

SPECIAL NEEDS CARD

Would you need special help during an emergency evacuation?

If you have a disability that requires special help during an emergency evacuation, please fill out and return this card as soon as possible. **State and local authorities will keep this information confidential.**

Please note – Even if you have sent in a Special Needs Card in the past, a **new card should be sent in each year to keep our records current.**

Please check off each box that applies to you.

- I do not have transportation available to leave the area during an emergency evacuation.
- I use a cane or walker, but can ride in a van, bus or car.
- I am in a wheelchair and would need a wheelchair van.
- I would need to ride in an ambulance.
- I have specialized medical equipment and require special transportation
because _____.
- I am deaf or hard of hearing.
- I am visually/sight impaired and require help.
- I require and use a service animal.
- Other (Please explain) _____
- Please contact during an emergency evacuation (Name) _____
(area code _____) Home _____ Work _____

If you have identified any needs, please complete this form and return.

PLEASE PRINT

Name _____

Street Address _____

City _____

State _____ Zip _____ Telephone _____


County _____

If completing this card for someone else:

Your Name _____

Telephone _____

For those with Special Needs...



Provisions have been made to provide transportation. It is important that you make any special needs known *beforehand*. For example, special needs could include a walking disability, sight or hearing impairment, or need for specialized medical equipment during an emergency evacuation.