

EMERGENCY ASSISTANCE FORM

This information will be kept confidential – for local Emergency Use Only

Do you require assistance in an emergency?

If you have a need that may cause you to require additional assistance in an emergency, please fill out and return this form as soon as possible. Also, if you know someone in your area that may require additional assistance in an emergency, please urge them to complete and return this form. **Even if you sent in an access and Functional Needs Form in the past, a new card should be sent each year. It is important that you make any access and functional needs known before-hand.**

Yes, I/this person will need assistance in an emergency: Person filling out form _____

Name _____

Address _____

Town, State, Zip _____

Phone: Home _____ Cell _____

Email _____

Relative/person we can notify to assist you in an emergency:

Name _____

Address _____

Town, State, Zip _____

Phone: Home _____ Cell _____ Work _____

Below, please mark and "X" in EACH box that applies to your need:

Communication Medical Oxygen Supervision

Maintaining Independence Transportation

I use an aid or device (i.e. for mobility, communications, etc.)

I receive Personal Assistance Services - Contact Info: _____

Assistance Needed:

Transportation Service Animal Species _____

Wheelchair accessible transportation Weight of animal _____

An ambulance

Bus Transportation

Individualized Notification

TTY or Video Phone (circle one) Number _____

Evacuation assistance out of my home

Sheltering-in-place assistance

Are you registered with Vermont Alert Emergency Notification? YES NO

Other: _____