

FUNCTIONAL NEEDS FORM

TOWN OF _____

Do you require assistance in an emergency? Filling out this form could provide emergency responders with valuable information that can help them better assist you at the time of an emergency.

Please fill out and return this form to _____ as soon as possible. If someone you know requires assistance during an emergency, please urge them to complete and return this form. This form should be filled out each year to keep our records up-to-date.

*This information will be kept confidential and is for local official use only. This information is being requested on a **volunteer** basis and is for informational purposes for town officials and emergency responders if needed. Submitting this form **does not represent a guarantee** of services based on specific needs, but may serve as a useful document at the time of an emergency.*

<p>Yes/I am the person who will need assistance during an emergency:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone (Home): _____</p> <p>Phone (Cell): _____</p> <p>Email: _____</p>

<p>Relative/person we can notify to assist you in an emergency:</p> <p>Name: _____</p> <p>Address: _____</p> <p>City/State/Zip: _____</p> <p>Phone (Home): _____</p> <p>Phone (Cell): _____</p> <p>Phone (Work): _____</p>

Please mark an "X" in EACH box that applies to your needs:

Mobility & Transportation Issues

- I have significant mobility issues
- I must use a wheelchair to get around
- I must use a walker/cane to get around
- I will need special assistance to evacuate my home as I am a person of size
- I will need wheelchair accessible transportation to successfully evacuate
- I will need an ambulance to successfully evacuate

Medical Issues

- I require the use of oxygen
- I have hearing difficulties; my TTY number is _____
- I have special dietary needs

Other

- I do not speak English
- I have a service animal; he/she is a _____ and weighs _____ pounds

Form courtesy of:

Mapping & Planning Solutions (MAPS)
Email: jgarneau@mappingandplanning.com

(603) 846-5720 (home/office)
(603) 991-9664 (cell)
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