

THIS INFORMATION WILL BE KEPT CONFIDENTIAL

I/this person will need assistance in the event of an emergency or evacuation: PLEASE PRINT

Name:		DOB:
Street Address:		
City:	State:	Zip Code:
Email address:		
Phone #'s - Home #		Cell #
Work #		*TDD/TT #

*Telecommunication for the deaf

Please mark an "X" in each box that applies
Need assistance for evacuation for the following reasons:

<input type="checkbox"/> Hearing impaired and need assistance for evacuation	<input type="checkbox"/> Need wheelchair accessible ride
<input type="checkbox"/> Sight impaired and need assistance for evacuation	<input type="checkbox"/> Need a ride for evacuation
<input type="checkbox"/> Confined to bed	<input type="checkbox"/> Mentally impaired
<input type="checkbox"/> Use *TDD/TT	<input type="checkbox"/> Live alone
<input type="checkbox"/> Life support device and need special assistance (Explain) _____	<input type="checkbox"/> Have companion animal
<input type="checkbox"/> Other needs that will prevent prompt evacuation (Explain): _____	

Relative or other person we can notify to help you in the event of an emergency or evacuation:

Name:	
Street Address:	
City:	State: Zip Code:
Email address:	
Phone #'s - Home #	Cell #
Work #	*TDD/TT #

Please return this form to: **First Selectman, Suffield Town Hall, 230C Mountain Road, Suffield, CT 06078**

Initial referral date: _____	Referral Source: _____
	Phone #: _____
F/U dates: _____	