

# Advance Registration Card for People with Special Needs

If you require assistance in an emergency, please fill out this questionnaire and mail it back to us *even if you filled out a card last year*. Your cooperation will help us keep these confidential records up to date and assure proper arrangements should it become necessary for you to be evacuated during an emergency of any kind. If you have any questions please call 800-942-1450. Please print.

Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss/Ms.		Date of Birth
Address, including apartment number, building, floor		
City, ZIP+4		
Telephone (Home)		E-mail Address
Primary Disability(ies)		
Secondary Disability(ies)		

## ASSISTIVE EQUIPMENT USED:

- Cane(s)     Walker     Oxygen     Other  
 Crutches     Guide dog     Respirator  
 Wheelchair     Hospital Bed     Electric wheelchair

Are you  Blind or  Partially sighted?

Are you deaf/hearing impaired?     Yes     No  
 If yes, do you have TTD/TTY?     Yes     No

Are you completely bedridden?     Yes     No

If not, do you have your own transportation?     Yes     No

If not, can you obtain a ride with a nearby person (relative, neighbor or friend)?     Yes     No

If not, can you get from your house to a bus stop unassisted?     Yes     No

## Name and phone number of a local relative or person who lives near you who should be contacted in an emergency:

Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss/Ms.	
Address	
City, ZIP+4	
Telephone	2nd Telephone
E-Mail Address	Relationship: <input type="checkbox"/> Family <input type="checkbox"/> Neighbor <input type="checkbox"/> Friend

Please send additional cards for other persons with special needs in my household.

**This information is released for emergency planning use by Rockland County.**

Signature \_\_\_\_\_