DO YOU HAVE SPECIAL NEEDS THAT WOULD REQUIRE HELP IN AN EMERGENCY OR EVACUATION? IF “YES”, PLEASE FILL OUT THE FORM BELOW.

If you would need assistance in case of a local disaster or emergency, including evacuation, and/or if you live alone, please complete and return this Emergency Information Form.

This form may be shared with the Town of Warren’s Emergency Management Team to ensure there is up-to-date information to provide assistance, if needed, in the event of an emergency or evacuation. Should your needs change, provide an updated form to the Social Services Director.

This form should include information regarding necessary life supports and/or impairments that would impede self-evacuation from your home. (THIS INFORMATION WILL BE KEPT CONFIDENTIAL)

Please return completed form to: Melissa Woodward, Social Services Director—Town of Warren,
50 Cemetery Road, Warren, CT 06754 860-868-7881 socialservices@warrenct.org

I may need assistance in the event of an emergency or evacuation. (PLEASE PRINT)

Name:___________________________________________________________________________________
Street Address____________________________________________________________________________
Home Phone:___________________________________Email:____________________________________
Work Phone:___________________________________Cell Phone:________________________________
TDD/TT:
____I am hearing impaired and need special attention to receive an alert.
____I am in a wheelchair and need a wheelchair accessible ride for evacuation.
____I am in a wheelchair and can transfer to a car, but I need a ride.
____I am sight impaired and need assistance.
____I am confined to bed, and can transfer to a wheelchair with assistance.
____I am confined to bed, or am on life support, and need to be transferred by ambulance.
____I am on oxygen and need a generator in case there is no power.
____I live alone. ____Number of dogs. ____Number of cats. ______other/describe_________________

Physician’s Name:_______________________ Veterinarian’s Name:_______________________________

Please check each item that applies:
Above named person may need assistance in an emergency or evacuation for the following reasons:

Name:_____________________________________Address:____________________________________
Home Phone:______________________________City, State, Zip:_______________________________
Work:____________________________________ Cell Phone:________________________________
Email:____________________________________ Relation to you______________________________

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

Please use the reverse of this form to indicate other information that would be helpful to us.