

**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:

**Please check each item that applies:**

Above named person may need assistance in an emergency or evacuation for the following reasons:

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: \_\_\_\_\_

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

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Work: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Relation to you \_\_\_\_\_

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