

SPECIAL ASSISTANCE NEEDS

The Emergency Management Coordinator is asking for your help. We need to update our records concerning information for residents needing special assistance. If you have someone in your home that needs special assistance in the event of an emergency (i.e. oxygen delivery, medical supplies, etc.), please fill out the following and return it to the Monaghan Township Office.

Resident Name: _____

Address: _____

Phone No. _____ Date of Birth: _____

Signature

Directions to your house: _____

I have one of the following handicaps (please check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Hard of hearing | <input type="checkbox"/> Physically disabled |
| <input type="checkbox"/> Legally blind | <input type="checkbox"/> Developmentally disabled |
| <input type="checkbox"/> Physically disabled | <input type="checkbox"/> Other (please describe) _____ |
- _____

I use the following special equipment:

Lift Van Wheelchair Walker Guide Dog Respirator

Other (please describe) _____

I have a (check appropriate box)

Telephone TTY TTD

Please check appropriate box:

I live alone I have an attendant

I have a neighbor who will help me. Please give us your neighbor's name and telephone number.

Your community volunteers are preparing to help you. Emergency Management teams want to help individuals with special needs in the event of an emergency. Please help us. You can mail this form to Monaghan Township EMA, 202 South York Road, Dillsburg, PA 17019, Fax to (717) 795-0604 or email to monaghantownship@comcast.net