

# ATTENTION VERMONT RESIDENTS



## Would you need special help in an emergency or evacuation?

If you have a disability or other special circumstances which may cause you to need special help in an emergency, please complete this form and return it to your local United Way office.

Please note - YOUR SUBMISSION OF THIS FORM DOES NOT GUARANTEE YOUR SAFETY. You will still be responsible for contacting emergency personnel should you feel you are in danger.

By completing this form, you understand that all groups involved in helping to keep you safe in an emergency may have access to this information.

PLEASE MARK AN "X" IN EACH BOX THAT APPLIES TO YOU.

I would need assistance if my area was:

- being evacuated       isolated (road closures, blizzards, etc.)       had a long-term power outage

PLEASE MARK AN "X" IN EACH BOX THAT APPLIES TO YOU.

- |  |   |
|--|---|
| <input type="checkbox"/> I do not have transportation available to leave the area in an emergency.   | <input type="checkbox"/> I have a service animal.   |
| <input type="checkbox"/> I need help but can ride in car.  | <input type="checkbox"/> I am deaf or hard of hearing and use TTY   |
| <input type="checkbox"/> I need help but can ride in a van or bus.   | <input type="checkbox"/> I have a visual impairment and need special help.  |
| <input type="checkbox"/> I use a wheelchair and need a wheelchair van.   | <input type="checkbox"/> I use oxygen and have a back-up supply that will last :<br><input type="checkbox"/> < 8 hours <input type="checkbox"/> > 8 hours |
| <input type="checkbox"/> I would need to ride in an ambulance.   | <input type="checkbox"/> I need translation services.   |
| <input type="checkbox"/> I have specialized medical equipment that is powered by electricity and will require special transportation.<br>My battery back-up will last: <input type="checkbox"/> < 24 hours <input type="checkbox"/> > 24 hours |   |

This form will be destroyed once your personal information is entered into the E911 database.

NAME: _____	PHONE: _____
STREET ADDRESS: _____	TTY: _____
MAILING ADDRESS: _____	E-MAIL: _____
TOWN: _____	EMERGENCY CONTACT: _____
PHONE: _____	Phone: _____

RETURN COMPLETED FORM TO YOUR LOCAL UNITED WAY