

**UPPER CHICHESTER TOWNSHIP
EMERGENCY MANAGEMENT
SPECIAL NEEDS INFORMATION**

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ADDRESS :

NAME :

DOB:

PHONE INFORMATION :

FLOOR LEVEL :

TYPE OF SPECIAL NEEDS :

ABLE TO WALK | WHEEL CHAIR | WALKER | OXYGEN DEPEND
 BLIND | DEAF | HEARD OF HEARING | VISUALLY IMPAIRED
 BEDRIDDEN | ELECTRIC SUPPORT EQUIPMENT | DIALYSIS

TRANSPORTATION NEEDS :

REQUEST TRANSPORTATION TO A SHELTER | CAN YOU SIT UP AND RIDE IN A BUS OR VAN
TYPE : AMBULANCE | WHEELCHAIR BUS / VAN | BUS / VAN
 MUST BE MOVED IN WHEEL CHAIR | OWN WHEEL CHAIR | NEED A WHEEL CHAIR

SPECIAL REQUIREMENTS :

CARE PROVIDER INFORMATION :

WILL BE ACCOMPANIED BY A CARE PROVIDER

CARE PROVIDER NAME :

CARE PROVIDER ADDRESS :

CARE PROVIDER PHONE # :

SHELTER NEEDS :

ELECTRIC SUPPORT | OXYGEN | COMMUNICATIONS | FEEDING
 DRESSING CHANGES | MEDICATION | NEED A WHEEL CHAIR

OTHER INFORMATION :

**MAKE A EMERGENCY BACKPACK IS MADE WITH AT LEAST 2 - DAYS OF MEDICATION /
WATER / SNACKS / LIGHT CLOTHING. ALL MEDICATION AND DOCTOR INFORMATION.**

MAIL TO - UPPER CHICHESTER TOWNSHIP

EOP

PO. BOX 2187

BOOTHWYN, PA. 19061