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## DISASTER/EMERGENCY ASSISTANCE INFORMATION FORM

In the event of a disaster or emergency, some residents in the community may need special attention because of physical impairments or dependencies. Filling out the information below may help trained personnel in providing vital treatment and assistance during these times

Name of Person Needing Assistance	
Address Township	Date of Rith
TownshipHome Telephone Number	Cell Phone Number
TYPE OF ASSISTANCE REQUIRED	
Impairment Sight Hea	aring Speech Mental
Mobility Impaired - Use of	Wheelchair Walker
Confined to Bed - Location of bed in residence	
Electricity Dependent (Ventilator, BIPAP, External Heart Pump)	
Oxygen in Use	
<b>EVACUATION TRANSPORTATION NECESSITY</b>	
Auto Wheelchair	Wheelchair Lift Van Ambulance
EMERGENCY CONTACTS	
Name	Telephone
Address	Cell Phone
Name	Telephone
Address	Cell Phone
RELEASE OF INFORMATION  I hereby authorize Roscommon County Central Dispatch to release all or part of such information as may be necessary to ensure my safety, treatment and well-being in the event of a medical disaster or public emergency	
Signature	Date