

SPECIAL NEEDS REGISTRATION FORM



Please complete the Special Needs Registration Form if you or someone close to you has a disability or special need and would require help to evacuate in an emergency. By submitting a completed card now, the Cass County Emergency Management Agency can better prepare for an evacuation. Information provided will be kept confidential. You should complete a registration card yearly.

Name:

Address:

City:

Telephone number:

Cellular telephone number:

Please check mark any of the boxes that apply:

Full-time resident

Part-time resident

Visually impaired

Deaf or hearing impaired

TDD telephone number

Confined to a wheelchair

Could transfer to regular seats in a bus or van with assistance

Confined to a bed

Mentally impaired

List electric powered medical devices you use (if any)

Other

Special emergency assistance required:

Special notification of the event

Transportation of evacuation is required

Alternative emergency contact person:

Name:

Daytime telephone:

Relationship:

Nighttime telephone:

What Kind of Help
Would You Need?



**Visually
impaired**

I need to be led to safety.



**Hearing
impaired**

I need TDD or other special
emergency warning
notification.



**Mobility
impaired**

I need special
transportation to evacuate
like an ambulance or
handicapped accessible
bus.



**Mentally
impaired**

I need a family member or
someone assigned to me in
a shelter.



**Medical
conditions**

I need electricity for medical
equipment.