



# Town of Amherst Office of Emergency Management

James J. Zymanek, Director

Dominic N. Creamer Coordinator

## Everybody has needs ... Do the right people know what yours are?

**IF you or someone in your household has a disability or a special medical need**, the people whose job it is to respond when you call for help in an emergency need to know. Whether it affects your entire community, your street or just your home, Seconds can make a life – or – death difference. That’s why we encourage you to take a minute to fill out the form below and return it to the address provided below. Having specific details about your special situation will significantly **help us help you.**

### EMERGENCY RESPONSE DATA FORM

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

Phone # of listed Person \_\_\_\_\_ How many people live in the household? \_\_\_\_\_

Age \_\_\_\_\_ Your Language (if not English) \_\_\_\_\_

Name of person completing this form / relationship \_\_\_\_\_

Emergency contact for the above-listed: Name \_\_\_\_\_ Phone# \_\_\_\_\_

Relationship of Emergency Contact to above-listed person \_\_\_\_\_

(circle one)

(circle one)

Are you confined to your bed? Yes No Are you on constant oxygen? Yes No

Are you visually impaired? Yes No Are you on dialysis? Yes No

Are you hard of hearing or deaf? Yes No Are you on life support? Yes No

Can you walk with assistance? Yes No Do you live alone? Yes No

Do you use a wheelchair? Yes No Do you have a service animal? Yes No

Do you have your own transportation? Yes No (If you have questions call 716-839-6707)

Do you have a cognitive disorder? Yes No

**Please return this form to:**

**Town of Amherst**

**Department of Emergency Management**

**4255 Harlem Rd., Amherst, NY 14226**

Please explain cognitive disorder: \_\_\_\_\_  
\_\_\_\_\_  
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