



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 and fill out the form below and return it to the address provided. Having specific details about your special situation will significantly help *us* help *you!*



EMERGENCY RESPONSE DATAFORM: Date I'm Completing This Form: _____

Filling out this form is strictly voluntary and the data, which will be kept completely confidential, will be available only to local emergency assistance officials. Please print clearly and provide all information requested.

First Name _____ Last Name _____

Full Street Address _____ City/State/Zip _____

Your Phone # () _____ In Total, How Many People Live in Your Household? _____

When Were You Born? _____ Your Language (If Not English) _____

In an Emergency, Please Contact:

First Name _____ Last Name _____

Their Phone # () _____ Their Relationship to You _____

Are you on oxygen, dialysis, life support or other medical equipment? Yes No

Are you confined to your bed? Yes No

Are you visually-impaired, hard of hearing or deaf? Yes No

Can you walk with assistance? Yes No

Do you use a wheelchair? Yes No

Do you need transportation? Yes No

Other concerns (i.e. live alone) _____

PLEASE RETURN COMPLETED FORM TO
Name
Department
Address
Municipality/State/Zip Code

If You Have Questions, Call 716-858-6215 • TDD 711

DISASTER COORDINATORS/EMERGENCY MANAGERS

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TOWN OF EDEN Mr. Maurice Dole 4038 Schintzius Road Eden, NY 14057	TOWN OF GRAND ISLAND Mr. Gregory Butcher 2275 Baseline Road Grand Island, NY 14072
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TOWN OF EVANS J T Glass 45 Elm Street Buffalo, NY 14203	TOWN OF HOLLAND Mr. Patrick Joyce 47 Pearl Street/P.O. Box 36 Holland, NY 14080
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