

a P P P PP PP PP P P PP P P below to ensure that all possible responders have been notified.

P PPP P P PP P P P P situation that a member of your household with a disability may experience.

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NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_

Race \_\_\_\_\_ Sex  Male  Female Height \_\_\_\_\_ Weight \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Scars/Identifying marks \_\_\_\_\_

Southeast   Southwest

Any flammable or combustible medical equipment in home and where?

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removed from home?

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Identification information: Do they carry or wear identifying jewelry, tags, ID card etc:

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Sensory issues, if any:

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By signing this questionnaire, I acknowledge that the information provided above their 911 system and emergency response personnel, to more effectively respond to a potential emergency in or near my household. I also understand that providing this information does timely response by emergency response personnel. It is simply an attempt to provide emergency occupants of my home.

Signature

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