

EMERGENCY RESPONSE DATA FORM

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Town of Amherst Office of Emergency Management

Brandon Peters, Director

Daric Will, 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 this form and return it to the address provided below. Having specific details about your special situation will significantly help us to help you. For more information contact (716) 631-7122.

Last Name _____ First Name _____ Date _____

Street Address _____ Apt. No. _____

Town / State / Zip _____

Type of Residence (please check one):

_____ Single Family Home _____ Assisted Living Facility _____ Senior Housing Complex / Facility

Phone # _____ How many live in the household? _____

Age _____ Date of Birth _____ Your language, if not English _____

Emergency contact for the above-listed resident:

Name _____ Relationship to resident _____

Primary phone # _____ Secondary phone # _____

(circle one)

yes no Are you confined to your bed?
yes no Are you on dialysis?
yes no Are you hard of hearing or deaf?
yes no Do you live alone?
yes no Do you use a wheelchair?
yes no Can you walk with assistance?
yes no Do you have an intellectual disability?

Please describe: _____

Are you on constant oxygen?
Are you visually impaired?
Are you on life support?
Do you have your own transportation?
Do you have a service animal?
Do you have mental health concerns?

(circle one)

yes no
yes no
yes no
yes no
yes no
yes no

Please return this form to:

Town of Amherst

Dept. of Emergency Management

4220 Bailey Ave, Amherst, NY 14226

This form can also be found online at www.amherst.ny.us. Use Keyword **NEEDS**.