

EMERGENCY RESPONSE DATA FORM

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Town of Amherst Office of Emergency Management

James J. Zymanek, Director

Brandon Peters, Coordinator

Everybody has <u>needs</u> ... 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		۹F	First Name	Date	Date		
Stree	et Add	Iress			Apt. No		
Towr	n / Sta	ite / Zip					
Туре	of Re	sidence (please check one):					
Single Family Home Assisted Livin			iving Facility	Senior Housing Con	Senior Housing Complex / Facility		
Phone Number			How many live in the household?				
Age _	Age Date of Birth		Your language, if not English				
Eme	rgen	cy contact for the above-listed resident:					
Name			Relations	Relationship to resident			
Primary phone #			Secondary	Secondary phone #			
(circle one)			1		(circle	one)	
yes	no	Are you confined to your bed?	Are you on c	constant oxygen?	yes	no	
yes	no	Are you on dialysis?	Are you visu	ally impaired?	yes	no	
yes	no	Are you hard of hearing or deaf?	Are you on l	ife support?	yes	no	
yes	no	Do you live alone?	Do you have	your own transportation?	yes	no	
yes	no	Do you use a wheelchair?	Do you have	a service animal?	yes	no	
yes	no	Can you walk with assistance?	Do you have	emental health concerns?	yes	no	
yes	no	Do you have an intellectual disability?	Pleas	se return this form to:			
		Please describe:	e describe: Town of Amherst				
		Dept. of Emergency Management					
			4220 Baile	4220 Bailey Ave., Amherst, NY 14226-2926			

This form can be found online at www.amherst.ny.us - use Keyword NEEDS.