



Access and Functional Needs Database Form



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. Having specific details about your unique situation will significantly help us help you.

EMERGENCY RESPONSE DATAFORM: Date I am completing this form _____

Filling out this form is strictly voluntary and we will keep the data completely confidential.

First Name _____ Last Name _____ Male Female

Your primary language _____ How many people live in your household?

Your telephone number _____ Date of Birth (mm/dd/yyyy) _____

Street address _____ Apartment/Unit number _____

Type of residence: Single-family dwelling Apartment complex Assisted living facility
 Senior living community

Town or City/State/Zip _____

How do you usually leave your residence: Wheel-chair capable vehicle Ambulance

Family/Friend vehicle Personal vehicle Other –please describe _____

IN AN EMERGENCY, CONTACT:

First Name _____ Last Name _____ Relationship to you _____

Their contact numbers: Primary _____ Secondary _____

Check all that apply

	Yes	No		Yes	No
Are you confined to your bed?			Are you on dialysis?		
Do you need assistance walking?			Do you need transportation if you needed to be evacuated?		
Do you use constant oxygen?			Do you have a service animal?		
Do you use a wheelchair?			Do you live alone?		
Are you ventilator dependent?			Do you have low vision or are you blind?		
Are you on life support?			Do you have difficulty hearing or are you deaf?		
Do you have difficulty speaking?			Other, please describe		

Please include any other information you would like to share: _____

Please return form to:

Chaffee County Office of Emergency Management

P.O. Box 699

Salida, Colorado 81201

Telephone: 719-539-6856 Fax: 719-539-6857