

DO YOU HAVE SPECIAL NEEDS THAT WOULD REQUIRE HELP IN AN EMERGENCY OR EVACUATION? IF "YES," PLEASE FILL OUT THE SURVEY BELOW.

If you need assistance in case of emergency evacuation due to any disability that will prevent prompt evacuation OR cause you to need additional help in the event of a local disaster or emergency, please complete and return this survey by mail, email or drop off at Town Hall.

The survey will be shared with the Town of Roxbury's Emergency Management Team and Social Service Department to ensure that there is up-to-date information to provide assistance, if needed, in the event of an emergency or evacuation. When special assistance is no longer needed, the Town's Emergency Management Official or Senior Center Director should be notified.

This form should include information regarding necessary life supports that would be affected in case of a power outage, or impairments that will impede self-evacuation from your home

**For more information, please contact Municipal Agent Terrilynn Skene-Tiso,
Town of Roxbury, P.O. Box 203, Roxbury, CT 06783, (860) 210-0201,
socialservices@roxburyct.com**

This information will be kept confidential in the Selectman's Office and the Roxbury Municipal Agent's office.

I may need assistance in the event of an emergency or evacuation: (PLEASE PRINT)

Name:	_____
Street Address:	_____
Home Phone:	_____
Work Phone:	_____
TDD/TT:	_____

Please check each box that applies:

Above named person may need assistance in an emergency or evacuation for the following reasons:

<input type="checkbox"/>	I am on oxygen and my home does not have a generator	<input type="checkbox"/>	I am in a wheelchair, and need a wheelchair accessible ride for evacuation
<input type="checkbox"/>	I am in a wheelchair, but can transfer to a car. I need a ride.	<input type="checkbox"/>	I am confined to bed, or am on life support, and need to be transferred by ambulance.
<input type="checkbox"/>	I am sight/hearing impaired and need assistance.	<input type="checkbox"/>	I need a ride for evacuation, and I have a service animal that must go with me.
<input type="checkbox"/>	I am confined to bed, and can transfer to a wheelchair with assistance.	<input type="checkbox"/>	Other needs that will prevent prompt evacuation (Explain): _____

Relative or other person we can notify to help you in the event of an emergency or evacuation:

Name: _____	Address: _____
Home Phone: () _____	City, State, Zip: _____
Work Phone: () _____	Relation to you: _____

Please use the reverse of this form to indicate other information that would be helpful to us.