



Every SLOAN Resident Has Emergency 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 and fill out the form below and return it to the address provided.

Having specific details about your special situation will significantly **help us help you** !

Please mail form to:

AVERT

425 Reiman Street
Sloan, NY 14212

Any questions, please call:

(716) 897-1560

THIS INFORMATION WILL BE KEPT CONFIDENTIAL

EMERGENCY RESPONSE DATAFORM:

Date completed: _____

Number of People Living in Your Household: _____

First Name (1) _____ Last Name _____ Birth Date _____

First Name (2) _____ Last Name _____

First Name (3) _____ Last Name _____

First Name (4) _____ Last Name _____

Pets [number] [] Dog(s) [] Cat(s) [] Other: _____

Street Address _____ City/State/Zip _____

Phone # home () cell ()

Your Language (If Not English) _____

In an Emergency, Please Contact:

First Name _____ Last Name _____

Their Phone # home () Relationship to you _____

cell ()

Physician [name] _____ Phone number ()

1) Are you on oxygen, dialysis, life support or other medical equipment? [] Yes [] No

Explain: _____

2) Are you confined to you bed? [] Yes [] No

If Yes, what area of the house (front, back, upstairs, downstairs)? _____

3) Are you visually-impaired, hard of hearing, or deaf? [] Yes [] No

Explain: _____

4) Can you walk with assistance? [] Yes [] No

5) Do you use a wheelchair? [] Yes [] No

6) Do you need transportation? [] Yes [] No

Please turn form over to add any other information you feel would be helpful to know --> -->