

PLEASE PRINT OUT THIS PAGE AND FILL IN THE FOLLOWING INFORMATION.

PLACE IN ENVELOPE AND MAIL TO:

## Lake County Emergency Management Agency

P.O. Box 480

Mentor, Ohio 44061-0480

### Special Needs Card

2015/2016

LAKE COUNTY

If you need transportation or any other assistance during an emergency, please print and fill out this Response Card for the county in which you live; place it in an envelope and mail it to the address above. In an emergency, you will be picked up at your home by local emergency workers. This information will be kept confidential.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

TDD No. (if applicable) \_\_\_\_\_

Fire District (if known) \_\_\_\_\_

**SPECIAL NEEDS. PLEASE CHECK THE APPROPRIATE BOX AND SPECIFY ASSISTANCE REQUESTED.**

Hearing impaired \_\_\_\_\_

Visually impaired \_\_\_\_\_

Special transportation for disabled \_\_\_\_\_

No access to TV \_\_\_\_\_

No access to radio \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In the event a condition listed above changes, please advise your county emergency management agency, or submit a Special Needs Removal Card. Return this information to the emergency management agency in your county. **A new form should be submitted once each year**, so that records can be continually updated.