



City of Southport

Police Department



Citizens with Special Needs

TYPE OF REPORT: INITIAL _____ CHANGE _____ DATE _____

NAME _____
Last First Middle

ADDRESS _____

MOBILE HOME: YES _____ NO _____ DIRECTIONS TO HOME (give landmarks) _____

PHONE: _____ TDD _____

DATE OF BIRTH: _____ SEX: M _____ F _____

LANGUAGE: ENGLISH _____ SPANISH _____ OTHER (specify) _____

SPECIAL NEEDS OR CONCERNS (check all that apply):

- _____ Mobility status
 - bedridden _____
 - wheelchair _____
 - cane _____
 - walker _____
- _____ Insulin dependent
- _____ Lives alone, limited family support
- _____ Sight impaired (blind _____ limited vision _____)
- _____ Hearing impaired
- _____ Speech impaired
- _____ Dependent on electricity for medical equipment
- _____ Oxygen _____ oxygen company _____ Phone _____
- _____ Respirator _____
- _____ CPAP or other breathing machine _____
- _____ Dialysis _____

In the event of an evacuation, I will be _____ staying at home, _____ going to a public shelter,
_____ staying with family or friends.

I need transportation: YES _____ NO _____

PRIMARY PHYSICIAN _____ PHONE _____

MEDICATIONS AND MEDICAL PROBLEMS (use bottom or back of form if you need more room):

EMERGENCY CONTACT: _____
Last First

ADDRESS: _____

PHONE: _____ RELATIONSHIP _____

I, the undersigned, give permission for the above information to be released to the necessary agencies for assistance with evacuation and/or aid in the event of a disaster or emergency.

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____

Report prepared by: _____ DATE: _____

AGENCY: _____ PHONE: _____