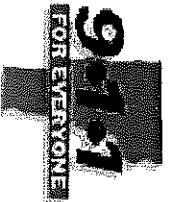


ATTENTION VERMONT RESIDENTS



Would you need special help in an emergency or evacuation?

If you have a disability or other special circumstances which may cause you to need special help in an emergency, please complete this form and return it to your local United Way office.

Please note - YOUR SUBMISSION OF THIS FORM DOES NOT GUARANTEE YOUR SAFETY. You will still be responsible for contacting emergency personnel should you feel you are in danger.

By completing this form, you understand that all groups involved in helping to keep you safe in an emergency may have access to this information.

PLEASE MARK AN "X" IN EACH BOX THAT APPLIES TO YOU.

I would need assistance if my area was: being evacuated isolated (road closures, blizzards, etc.) had a long-term power outage

PLEASE MARK AN "X" IN EACH BOX THAT APPLIES TO YOU.

- I do not have transportation available to leave the area in an emergency.
- I need help but can ride in car.
- I need help but can ride in a van or bus.
- I use a wheelchair and need a wheelchair van.
- I would need to ride in an ambulance.
- I have specialized medical equipment that is powered by electricity and will require special transportation.
- My battery back-up will last: < 24 hours > 24 hours

- I have a service animal.
- I am deaf or hard of hearing and use TTY
- I have a visual impairment and need special help.
- I use oxygen and have a back-up supply that will last: < 8 hours > 8 hours
- I need translation services.

This form will be destroyed once your personal information is entered into the E911 database.

NAME: _____ PHONE: _____

STREET ADDRESS: _____ TTY: _____

MAILING ADDRESS: _____ E-MAIL: _____

TOWN: _____ EMERGENCY CONTACT: _____

PHONE: _____ Phone: _____

RETURN COMPLETED FORM TO YOUR LOCAL UNITED WAY