



City of Dellwood
1415 Chambers Rd.
Dellwood, MO 63135
Phone: (314) 521-4339 **Fax:** (314) 521-4699

SPECIAL NEEDS INFORMATION FORM

Name: Male Female Age

Address:

Home Phone: Work Phone: Mobile Phone:

Describe the room in your house where you most commonly stay

Applicable Conditions (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Blind | <input type="checkbox"/> Deaf | <input type="checkbox"/> Unable to Speak |
| <input type="checkbox"/> Heart Patient | <input type="checkbox"/> Oxygen Machine | <input type="checkbox"/> Oxygen Tanks |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Bed Ridden | <input type="checkbox"/> Wheelchair |
| <input type="checkbox"/> Breathing Machine | <input type="checkbox"/> Mental Illness | <input type="checkbox"/> Mental Disability |
| <input type="checkbox"/> Alzheimer's Patient | <input type="checkbox"/> Dialysis (In-home) | <input type="checkbox"/> Dialysis (outside facility) |
| <input type="checkbox"/> Not English Speaking | <input type="checkbox"/> High Risk Infant | <input type="checkbox"/> Other (Describe Below) |

Other:

Please describe the type of assistance you may need following a disaster

Emergency Contact # 1

Name: Relationship: Email:

Address:

Home Phone: Work Phone: Mobile Phone:

Emergency Contact # 2

Name: Relationship: Email:

Address:

Home Phone: Work Phone: Mobile Phone:

Out of State Emergency Contact Person (s)

Name: Relationship: Email:

Address:

Home Phone: Work Phone: Mobile Phone:

For Office Use Only

Date Received: _____ Recorded By: _____