

## SPECIAL NEEDS FORM

Would you need special help in an emergency?

If you have a disability that may cause you to need special help in an emergency, please fill out and return this form as soon as possible. If someone you know in the area would need special help in an emergency, urge him or her to complete and return this form. THIS INFORMATION WILL BE KEPT CONFIDENTIAL AND WILL BE IN A DATABASE AT THE EMERGENCY MANAGEMENT OFFICE. IT WILL BE USED ONLY IN THE EVENT OF AN EMERGENCY.

Town of Bridgewater  
Emergency Management Office  
Academy Building  
Bridgewater, MA 02324  
508-697-6191 or 6184

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Please mark an "X" in EACH BOX that applies to you.

- I do not have transportation available to leave the area in an emergency, and cannot walk about one-half mile to an evacuation bus route.
- I need help, but can ride in a van.
- I am in a wheelchair, and would need a wheelchair van.
- I would need to ride in an ambulance.
- I have specialized medical equipment and require special transportation.
- I am deaf and use a TDD.
- I am deaf and need a TDD.
- I am sight-impaired and require special help.
- I need help closing doors, windows and vents.
- I require a medically prescribed diet.
- Other:

If you have marked any of the boxes above, please complete the rest of this form and return it promptly. If you have more specific needs, please contact the Emergency Management Office in the Academy Building, 508-697-6191. If you are completing this form for someone else, please include your name and telephone number.

**Name:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**Town:** Bridgewater, MA 02324

**Phone:** \_\_\_\_\_

**TDD Number:** \_\_\_\_\_

**Person Completing this Form:** \_\_\_\_\_

**Phone:** \_\_\_\_\_