TOWN OF LANCASTER – *New Hampshire*

"The Friendly Town in the Friendly State"

03584

FUNCTIONAL NEEDS FORM **TOWN OF: LANCASTER, NH**

Do you require assistance in an emergency? Filling out this form could provide emergency responders with valuable information that can help them better assist you at the time of an emergency. If someone you know requires assistance during an emergency, please urge them to complete and return this form to the *Lancaster Fire Chief*; *19 Mechanic Street; Lancaster, NH 03584*. This form should be filled out each year to keep our records up-to-date.

Yes, I need assistance during an emergency	**Person we can notify to assist you in an emergency**
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Phone:	Phone:
Email:	Email:

Please mark an "X" in EACH box that applies to your needs:

Mobility & Transportation Issues

- ☐ I have significant mobility issues
- ☐ I must use a wheelchair to get around
- ☐ I must use a walker/cane to get around
- ☐ I will need special assistance to evacuate my home as I am a person of size
- ☐ I will need wheelchair accessible transportation to successfully evacuate
- ☐ I will need an ambulance to successfully evacuate

Medical Issues

- ☐ I require the use of oxygen
- ☐ I have hearing difficulties; my TTY number is _____
- ☐ I have special dietary needs

Other

- ☐ I do not speak English
- ☐ I have a service animal; he/she is a _____and weighs _____ pounds

This information will be kept confidential and is for local official use only. This information is being requested on a ***volunteer*** *basis and is for informational purposes for town officials and emergency responders if needed. Submitting this form* ***does not represent a guarantee*** *of services based on specific needs, but may serve as a useful document at the time of an emergency.*