



TOWN OF WINTHROP

Special Needs Form

If you have a disability that may cause you to need special assistance in an emergency, please fill out this form and return it. **All information on this form is strictly confidential.** If you have any questions or concerns, please contact the Fire Chief at (617) 846-3474.

Name: _____

Street Address: _____

Phone Number: _____ 2nd phone #: _____

Person Completing this form: _____ Phone #: _____

Signature

Check all that apply:

- I would arrange my own transportation to a shelter in an emergency.
- I would require transportation but could walk a short distance if needed (less than ¼ mile from my home to a bus).
- I have limited mobility and would require assistance getting on and off a bus.
- I am confined to a wheel chair and would require a wheelchair van.
- I would require an ambulance for transportation.
- I am deaf. Use a TTY.

I would require electric power for life support equipment.

Describe: _____

I have specialized medical or other needs.

Describe: _____

Return to Town of Winthrop Emergency Management, One Metcalf Square, Winthrop, MA 02152