



**DO YOU HAVE SPECIAL NEEDS THAT WOULD REQUIRE HELP IN AN EMERGENCY OR EVACUATION? IF "YES," PLEASE FILL OUT THE SURVEY BELOW.**

This survey is for individuals living in the Town of Monroe, Connecticut who need assistance for evacuation or emergency alerts for the reasons of hearing impairment, sight impairment, confined to bed, wheelchair dependence, life support device, use TTD/TT, need a ride or other needs that will prevent prompt evacuation.

Please complete and return this **yearly** survey even if you have previously done so. The survey is shared with the Town of Monroe's Emergency Management Team and Community & Social Service Department to ensure there is up-to-date information to provide assistance, if needed, in the event of an emergency or evacuation. When special assistance is no longer needed, the Town's Emergency Management Official or Social Services Director should be notified. **This form should only include information regarding necessary life supports and/or impairments which will impede self evacuation from your home.**

**For more information, please call the Town of Monroe  
Community & Social Services at (203) 452-2815, ext. 3**

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This information will be kept confidential in the Emergency Operations Center and the  
Community & Social Services Department

***I will need assistance in the event of an emergency or evacuation: (PLEASE PRINT)***

Name: _____	
Street Address: _____	
Home Phone: _____	Work Phone: _____
Cell Phone: _____	TDD/TT: _____

**Please mark an "X" in the each box that applies:**

The above named person may need assistance in an emergency or evacuation for the following reasons:

- |  |   |
|--|---|
| <input type="checkbox"/> Hearing impaired and need assistance                                | <input type="checkbox"/> Need wheelchair accessible ride for evacuation                   |
| <input type="checkbox"/> Use TDD/TT  | <input type="checkbox"/> Need a ride for evacuation                                       |
| <input type="checkbox"/> Sight impaired and need assistance                                  | <input type="checkbox"/> Confined to bed  |
| <input type="checkbox"/> Life Support Device Dependent on electricity and special assistance | <input type="checkbox"/> Other needs that will prevent prompt evacuation (Explain): _____ |

**Relative or other person we can notify to help you in the event of an emergency evacuation:**

Name: _____	
Street Address: _____	
Relationship: _____	Cell Phone: ( )
Home Phone: ( )	Work Phone: ( )

**Please return completed survey to:  
Veronica Jensen, Monroe Senior Center, 235 Cutlers Farm Road, Monroe, CT 06468**