



SPECIAL NEEDS REGISTRY FORM

To provide support to our Aquia Harbour Residents who are likely to have special needs during times of emergency events, such as snowstorms, power outages, etc. we are using the below form to allow residents to request special assistance. Assistance would be provided through any number of "emergency responders," but likely would be supported mostly by the police department and Aquia Harbour Police Volunteers. These volunteers will seek to facilitate assistance to individuals in our community with disabilities or other special needs during times of emergencies. Your participation in this program is voluntary.

First Name: _____ **Last Name:** _____

Address: _____ **Lot No:** _____

Cell Phone: _____ **Home Phone:** _____

Email: _____

Date of Birth: _____ **Height:** _____ **Weight:** _____

Please check all that apply to ensure we know the best way to assist you:

- | | |
|---|---|
| ☐ Blind/Low Vision | ☐ Mentally Impaired |
| ☐ Deaf/Hard of Hearing | ☐ Elderly |
| ☐ Behavioral Health Issue | ☐ Dementia/Alzheimer's |
| ☐ Physical Disability | ☐ Speech Impairment |
| ☐ Other (please specify without disclosing personal health information: _____) | |

Emergency Contact

Emergency Contact's relationship to you (check one):

- ☐ Friend ☐ Family Member ☐ Neighbor ☐ Caretaker

First Name: _____ **Last Name:** _____

Primary Phone: _____ **Secondary Phone:** _____

I authorize the AHPOA, and its emergency response teams to retain and disseminate the information I have recorded above for the purpose of supporting residents who are likely to have special needs during times of emergency events (for example: storms, power outages, flooding, etc.). To further our goal of providing such assistance, we are using this form to allow residents to request special assistance during times of need.

Signature

Date

Email completed form to AHPOA@aquiaharbour.org or drop off/ mail to the AHPOA business office