

**MALVERNE
EMERGENCY MANAGEMENT
COMMITTEE**

SPECIAL NEEDS REGISTRATION FORM

Name

Phone

Alt. Phone

Address

Email

1) Do you, or any member of your family have any special medical needs that would require additional assistance in the event of a disaster?
___ Yes ___ No

2) Please list the names, ages and needs of people in your household below:

Name	Age	Disability

- 3) Are you or anyone in your household oxygen dependant? ___ Yes ___ No
- 4) Are you or anyone in your household insulin dependant? ___ Yes ___ No
- 5) Are you or anyone in your household electric power dependant? ___ Yes ___ No
- 6) Do you have a back-up generator? ___ Yes ___ No

If so, what fuels your generator?

- ___ Diesel fuel
- ___ Natural gas
- ___ Gasoline
- ___ Propane
- ___ Other: _____

- 7) Are you or anyone in your household wheelchair bound or bedridden? ___ Yes ___ No
- 8) If an evacuation of the Village was ordered, would you need physical assistance in evacuating? ___ Yes ___ No

- 9) If an evacuation of the Village was ordered would you evacuate to:

- ___ Public Shelter
- ___ Relative/friends house
- ___ Hotel
- ___ Other: _____

- 10) Are you a year round resident of Malverne? ___ Yes ___ No

If not, generally when do you reside in Malverne?

From _____ to _____

- 11) Please list any other additional information about your needs or disabilities that would be helpful to first responders in a disaster below:

Thank you for providing this information. All information will be kept confidential and not supplied to any non-government source.

Please return this form to Malverne Village Hall at:

Malverne Office of Emergency Management
99 Church Street
Malverne, New York 11565
Attn: Special Needs