

## FUNCTIONAL NEEDS FORM

## TOWN OF LYME

*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.*

Name\_\_\_\_\_

Contact information Phone\_\_\_\_\_

Cellphone\_\_\_\_\_

Email address\_\_\_\_\_

TTY number\_\_\_\_\_

Who is your emergency contact person?

Name\_\_\_\_\_

Phone(s)\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

Functional need:

\_\_\_I have difficulty walking without assistance.

\_\_\_I would need special assistance to leave my home.

\_\_\_I use a wheelchair/cane to get around

\_\_\_I will need an ambulance to successfully evacuate

Medical need:

\_\_\_I require the use of oxygen

\_\_\_I have medication that needs refrigeration

Other:

\_\_\_I do not speak English

\_\_\_I have a service animal; he/she is a \_\_\_\_\_and weighs\_\_\_\_\_pounds

\_\_\_\_\_

\_\_\_\_\_

Signature

Date