

SPECIAL NEEDS REGISTRATION FORM

To register yourself or someone in your home with the special needs registry, answer the questions below. Mail the form to Cleburne County 9-1-1, Cleburne County Mountain Center, PO Box 908, Heflin, AL 36264.

Name:

Street Address:

City, State, Zip Code:

Phone Number:

Are you blind or have significant vision loss?

Are you deaf or have significant hearing loss?

Do you have difficulty breathing?

Do you use medical oxygen?

Do you have a serious heart condition?

Do you have a mental disability?

Do you have difficulty communicating with others?

Do you use lifesaving equipment?

Do you require lift assistance due to excessive weight issues?

Do you have any special transportation requirements due to your medical or physical condition?

Is your medical condition temporary? If so, when is your medical release date?

Do you have other serious physical, medical or mental conditions?

Do you experience domestic abuse or live with a potentially violent person?

Is there a family member, caregiver or trusted friend who should be notified if you were involved in an emergency? If so, please provide their name and phone number.

If you answered 'yes' to any of the questions, please write down the details that 9-1-1 should know. By submitting this form, you consent to sharing this information with Cleburne 911, Cleburne County EMA and other emergency response agencies.