

Special Needs Awareness Program (SNAP)

Registration Card

Use this card to register and to notify us of any changes or updates.

Please print all information neatly.

Fold in half, tape closed and add stamp before mailing.

This information is being collected as part of a disaster preparedness project. The information contained within will be used by OES and other emergency personnel to identify special needs in the event of an emergency evacuation.

Last Name: _____ First Name: _____

DOB: _____ ☐ Male ☐ Female Email address: _____

Home Address: _____

Street

Apt. No.

City

Zip Code

Phone No.: _____ Is this a new Address or Phone No.?: ☐ Yes ☐ No

Contact person not living with you: _____

Name

Phone No.: _____ Relationship: _____

Do you need transportation to a shelter?: ☐ Yes ☐ No

Are you ambulatory: ☐ Yes ☐ No ☐ Yes with help

Do you use: ☐ Cane/Walker ☐ Wheelchair ☐ Electric Scooter ☐ None

Are you bed confined 24 HOURS a day: ☐ Yes ☐ No

Do you have a service animal: ☐ Yes ☐ No If so, type & name: _____

Are you: ☐ Blind ☐ Deaf ☐ Paraplegic ☐ Quadriplegic ☐ Other: _____

Special Needs: ☐ Dialysis ☐ Oxygen ☐ Diabetic ☐ Other: _____

How did you receive this card? _____

TOPFD3450 (rev.12/07)

For office use only -- Color Code: _____

PLEASE
PLACE
STAMP
HERE

Town Of Paradise Fire Department

SNAP Program

767 Birch Street

Paradise CA 95969