

*The purpose of this is to ensure your health and safety during an emergency:
such as, ice storm, power outage, rain/thunderstorms snow storms, fire, or flooding*

Do you have battery or generator back up? Y / N
(circle)

Do you have required MEDICAL EQUIPMENT or MEDICATIONS that depend on Electricity or Refrigeration	List Here:	1
		2
		3
Transportation Assistance Check the most appropriate box		Ambulatory: I am able to walk on my own or with the assistance of a walker
		Wheelchair: I use a wheelchair most of the time
		Bed Bound: I am unable to walk on my own and cannot tolerate being in a wheelchair.
		Service Animal: I have a service animal