

# Access & Functional Needs Registry Form



## Everybody Has Needs - Do the Right People Know What Yours Are?

If you or someone in your household has a disability or a special medical need, the people whose job it is to respond when you call for help in an emergency need to know. Whether it affects your entire community, your street or just your home, seconds can make a life-or-death difference. Having specific details about your special situation will significantly help us help you.

**EMERGENCY RESPONSE DATA FORM:** Date I'm completing this form \_\_\_\_\_  
 New  Update

Filling out this form is 100% voluntary and the data will be kept strictly confidential. It will be available only to local emergency assistance officials. **Please print clearly and provide all information.**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Your Language (if not English) \_\_\_\_\_ In Total, how many people live in your household? \_\_\_\_\_

Phone # of listed person ( ) \_\_\_\_\_ Date of Birth (month/day/year) \_\_\_\_\_

Street Address \_\_\_\_\_ Apartment No. \_\_\_\_\_

Town/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Type of Residence (please check one):  Single family house  
 multi-unit/apartment  assisted living facility  senior housing complex/facility

### Emergency contact for the above listed person:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Relationship \_\_\_\_\_

Primary phone # ( ) \_\_\_\_\_ Secondary phone # ( ) \_\_\_\_\_

Email \_\_\_\_\_

**(mark all that apply)**

Are you confined to your bed	yes	no	Are you on constant oxygen	yes	no
Are you on dialysis	yes	no	Do you have your own evacuation Transportation	yes	no
Are you hard of hearing or deaf	yes	no	Do you have a service animal	yes	no
Do you live alone	yes	no	Are you Ventilator dependent	yes	no
Do you need assistance walking	yes	no	Are you visually impaired or blind	yes	no
Do you use a wheelchair	yes	no	Do you have Alzheimer's/Dementia	yes	no
Are you on life support	yes	no			

Other Concerns: \_\_\_\_\_  
\_\_\_\_\_

**Please return complete form to:**  
Town of Tonawanda  
Emergency Services Coordinator  
1835 Sheridan Drive  
Buffalo, NY 14223

This form can also be filled out online at [www.tonawanda.ny.us](http://www.tonawanda.ny.us)  
Or it can be completed and emailed to [rlutz@tonawanda.ny.us](mailto:rlutz@tonawanda.ny.us)

**Please update your information annually**