

YCC323

## EMERGENCY ASSISTANCE FORM

You may have noticed a locked safety box as you enter the front door of the building. In the event of an emergency in the building, first responders will open this metal box to obtain vital information to assist them in addressing the threat.

Stored within the box is a schedule listing residents who require assistance if an evacuation is initiated. If you feel that you will require assistance in an emergency, please provide the following information to the management office. Even if your situation is temporary, you are encouraged to complete the form. You never know when an emergency will happen.

Completion of this form is strictly voluntary; however, the information you provide may assist first responders in expediting evacuation and post-evacuation treatment.

**PLEASE NOTE THAT THIS INFORMATION IS KEPT IN STRICT CONFIDENCE.**

**IT IS FOR USE BY FIRST RESPONDERS,**

**AND MAY BE USED BY THE MANAGEMENT OFFICE ONLY DURING EMERGENCIES SUCH AS POWER OUTAGES.**

PLEASE COMPLETE A SEPARATE SCHEDULE FOR EACH PERSON REQUIRING ASSISTANCE

Name: \_\_\_\_\_

Apartment Number: \_\_\_\_\_

Telephone number: Home (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Brief Description of the mobility issue: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Is this a permanent situation? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, when do you expect to return to normal activities: \_\_\_\_\_

Are there any pets in your suite? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please indicate type and number \_\_\_\_\_

Is there someone you wish to be contacted in the event of an emergency? If yes,

Person's name \_\_\_\_\_

Telephone: Home: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Office: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_