

PEOPLE NEEDING SPECIAL ASSISTANCE:

Name \_\_\_\_\_

Home Address \_\_\_\_\_

City, Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_

ASSISTANCE NEEDED: (Check all those that apply or make comments as needed)

\_\_\_ Special notification                      \_\_\_ Transportation

\_\_\_ Special accommodations

Other special needs:

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

NATURE OF CONDITION:

\_\_\_ Hearing impaired                      \_\_\_ Sight impaired                      \_\_\_ Confined to bed

\_\_\_ Wheelchair disabled

\_\_\_ Other

\_\_\_\_\_

RELATIVE OR FRIEND TO BE NOTIFIED: (Optional)

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_