

Supporting People with Special Needs/Circumstances
Wayne County 911 Special Project
 Emergency Information

This form is to be used if there are special needs and/or circumstances in the household

Contact information for annual update: **Please circle the preferred method of contact for an annual update:** Email or Phone

Person to contact: _____ Email address: _____

Telephone #: (include area code) (home) _____ (cell phone) _____

1. **Property Address:** _____ **Mailing address:** _____

Telephone Number (include area code): _____

2. **Household Member and Special Needs and/or Circumstances:**

If you have any questions or need assistance regarding the completion of this form, please call Cheryl Hunter, CAD/911 Administrator at (570) 253-5970, extension 1910 or email: chunter@co.wayne.pa.us

Name	Date of birth	Serious medical conditions and/or circumstances (Please use key below as a guide and include other concerns)

KEY: * Ammunition/Firearms (indicate location) * Wheelchair and/or Oxygen dependent *Blind *Deaf (TTY)
 * Intellectual Disability (please explain or call Cheryl Hunter for further clarification) *Autistic *Bedridden
 * Medication Allergy (please list) * Possible hiding location if frightened * Pets (service animal, aggressive, other) *Other

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(Over)

3. **Emergency Contact Name/Phone Number (include cell #)/Relationship to Special Needs Person**
(Please list two individuals – one who resides at another residence)

Name	Home Phone #	Cell Phone #	Relationship
_____	_____	_____	_____
_____	_____	_____	_____

4. **Please mail this form to:**

Cheryl Hunter
Wayne County CAD/911 Administrator
43 Volunteer Drive
Honesdale, PA 18431