



## Emergency Operations Contact List for Citizens with Special Needs



The effects and lessons of Hurricane Katrina will be felt for generations to come. Post Katrina studies have revealed that many who had special needs were forgotten during evacuation and consolation efforts. One of the many lessons learned from this terrible event was the need for local emergency officials to have a working knowledge of citizens', who live within the effected area, who may have a special need and require extra attention in the matters of notification, evacuation, and consolation before, during, and after a major emergency.

In order to better serve the citizens of Fletcher, the Fire Marshal's Office is creating a data base of individuals who may have a special need and may require special attention from emergency services should a natural, technological, or localized emergency occur in the Town. The Federal Emergency Management Agency defines a special need as an individual who may have/be:

- Older Adult (over 65) and severe health conditions
- Visual Impairment
- Mobility Impairment
- Hearing Impairment
- Mental Impairment
- Live alone w/ limited transportation resources.

If you or a family member have special needs in one or more of these areas and would like the assurance of emergency officials having a working knowledge of particular conditions that may affect the care received during an emergency, please take a few minutes and fill out this simple questionnaire. Please bring the completed questionnaire by Town Hall or mail it, 4005 Hendersonville Rd. Fletcher, NC 28732. Should you have any questions please contact the Fletcher Fire Marshal's Office. All information is strictly confidential and will only be accessible by emergency officials.

**Name** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Emergency Contact and #** \_\_\_\_\_

**Check all that may Apply:**

**Older Adult (over 65)** \_\_\_\_\_ **Visual Impairment** \_\_\_\_\_ **Hearing Impairment** \_\_\_\_\_

**Mobility Impairment** \_\_\_\_\_ **Mental Impairment** \_\_\_\_\_ **Live Alone/Limited Transportation** \_\_\_\_\_

**Other Conditions** \_\_\_\_\_