



Operation Helping Hand - Special Needs Registration

The information you provide about your health and medical condition may be shared with police, fire and other emergency workers to assist them in responding to a disaster or emergency. You may revoke your consent to sharing information at any time by sending a written request to DuPage County Office of Homeland Security and Emergency Management, 136 N. County Farm Road, Wheaton, IL 60187. Providing this information does not insure that you will receive special treatment, but your needs will be given consideration. **By submitting this information, you consent to sharing the information on this form.**

REGISTRANT INFORMATION - PRINTED						
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		First Name:		Last Name:		<input type="checkbox"/> Jr. <input type="checkbox"/> Sr.
House Number:	Dir. (N, S, E, W)	Street Name:	Street Type: (St., Dr., Ave., etc.)	Apt. #:	City:	Zip Code:
Home Phone:		Cell Phone:		Email:		
Closest Major Intersection:						
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (mm/dd/yy)				
Do you speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you do not speak English, what is your primary language?				
NEXT OF KIN OR PERSON RESPONSIBLE FOR HEALTHCARE - PRINTED						
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.		First Name:		Last Name:		
Address:		City:	State:	Zip Code:		
Home Phone:		Cell Phone:		Email:		

SPECIAL NEEDS

Special Circumstances and Required Assistance (Check all that Apply)

Special Circumstance

- I have a visual impairment.
- I have a hearing impairment.
- I have a mobility impairment.
- I have a service animal.
- I live alone.
- I have a pet.
- I have another disability (describe)

Required Assistance in the event of an emergency

- I need transportation.
- I need assistance with basic daily care.

Special Needs / Equipment (Check all that Apply)

- | | |
|--|---|
| <input type="checkbox"/> Oxygen | <input type="checkbox"/> Wheelchair, walker, cane |
| <input type="checkbox"/> Ventilator / Respirator | <input type="checkbox"/> IV Support |
| <input type="checkbox"/> Dialysis | <input type="checkbox"/> Other (list) |

Information provided by (print name):

Relationship to registrant: Date

Return Completed Registration Form to:
DuPage County Office of Homeland Security and Emergency Management
136 North County Farm Road
Wheaton, IL 60187
Office: 630-682-7925 Fax: 630-682-7931