

**BELLBROOK FIRE DEPARTMENT
SPECIAL NEEDS APPLICATION FORM**

35 N. West Street
Bellbrook, Ohio 45305
(937) 848-3272 (OFFICE)



PLEASE PRINT CLEARLY

For convenience and comfort, citizens are encouraged to make their own evacuation and shelter plans if possible. As an alternative, the Bellbrook Fire Department "Special Needs" program addresses the needs of people who have care needs, medical conditions or need transportation to shelters.

(FOR OFFICE USE ONLY)

Date Received	Initials	Date Approved	Initials	Date Denied	Initials

PERSONAL INFORMATION

NAME: _____ BIRTH DATE: ____/____/____ AGE: _____

ADDRESS: _____ APT. #: _____
Street City State Zip Code

P.O. BOX: _____ LIVE ALONE: YES NO
City State Zip Code (Please Check)

PHONE #: _____ WEIGHT: _____ lbs HEIGHT: _____

LANGUAGE: ENGLISH ONLY SPANISH ONLY BI-LINGUAL OTHER: _____

TYPE OF HOME: SINGLE FAMILY CONDOMINIUM APARTMENT

LOCAL EMERGENCY CONTACT PERSON: _____ PHONE #: _____

PRIMARY DOCTOR'S NAME: _____ PHONE #: _____

NAME OF HOME HEALTH / HOSPICE / NURSING AGENCY: _____

NAME OF EQUIPMENT & SUPPLY PROVIDER: _____

TRANSPORTATION NEEDS

WILL YOU NEED EVACUATION TRANSPORTATION: YES NO (Please Check)

IF MARKED "YES" ABOVE... WHAT KIND OF TRANSPORTATION DO YOU NEED?

AMBULANCE STANDARD VEHICLE STRETCHER VEHICLE WHEELCHAIR VEHICLE

PLEASE CHECK THE TYPE OF TRANSPORTATION ASSISTANCE YOU REQUIRE:

NO TRANSPORTATION IS NEEDED IF SO, CAN YOU LAY FLAT YES NO

NEED ASSISTANCE ENTERING / EXITING A VEHICLE

NEED TRANSPORTATION TO SPECIAL NEEDS SHELTER

NEED TRANSPORTATION TO NURSING HOME / HOSPITAL

MOBILITY

- I WALK WITHOUT HELP I CAN GO TO THE RESTROOM ALONE I USE A WHEELCHAIR
- I USE A WALKER I OWN A WHEELCHAIR I AM WHEELCHAIR BOUND
- I USE A CANE I AM BEDRIDDEN I CAN FEED MYSELF
- I HAVE SOMEONE ASSIST ME WITH ALL MY DAILY ACTIVITIES

ELECTRICAL NEEDED: CONTINUOUS INTERMITTENT NONE

MEDICAL HISTORY (Please Check All That Apply)

- | | | | |
|--|---|---------------------------------------|------------------------------------|
| <input type="checkbox"/> SKIN PROBLEMS | <input type="checkbox"/> EDEMA | <input type="checkbox"/> SPECIAL DIET | <input type="checkbox"/> HOSPICE |
| <input type="checkbox"/> DEMENTIA | <input type="checkbox"/> EMPHYSEMA | <input type="checkbox"/> M. DYSTROPHY | <input type="checkbox"/> ON OXYGEN |
| <input type="checkbox"/> HIGH B/P | <input type="checkbox"/> COPD | <input type="checkbox"/> M.S. | |
| <input type="checkbox"/> HEART CONDITION | <input type="checkbox"/> COMATOSE | <input type="checkbox"/> C.P. | |
| <input type="checkbox"/> OSTOMY | <input type="checkbox"/> DEMENTIA | <input type="checkbox"/> STROKE / CVA | |
| <input type="checkbox"/> ARTHRITIS | <input type="checkbox"/> PARKINSON'S | <input type="checkbox"/> OPEN SORES | |
| <input type="checkbox"/> KIDNEY DISEASE | <input type="checkbox"/> BLIND | <input type="checkbox"/> NEBULIZER | |
| <input type="checkbox"/> BRONCHITIS | <input type="checkbox"/> HEARING IMPAIRED | <input type="checkbox"/> CONTAGIOUS | |
| <input type="checkbox"/> SEIZURES | <input type="checkbox"/> HEART CONDITION | <input type="checkbox"/> DIALYSIS | |
| <input type="checkbox"/> ASTHMA | <input type="checkbox"/> SERVICE ANIMAL | <input type="checkbox"/> PSYCHOSIS | |
| <input type="checkbox"/> DIABETES | <input type="checkbox"/> VISION IMPAIRED | | |
| | <input type="checkbox"/> GLASSES | | |

DO YOU HAVE AN OHIO DNR? (Do Not Resuscitate Order): YES NO IF YES, BRING WITH YOU TO SHELTER.

MEDICAL EQUIPMENT (iv, tube, feeder, indwelling catheter) LIST: _____

OTHER MEDICAL CONDITIONS – LIST: _____

FOOD or DRUG ALLERGIES: YES NO IF YES, PLEASE LIST: _____

ADDITIONAL INFORMATION

PEOPLE TO ACCOMPANY YOU TO THE SHELTER: _____ PHONE: _____

ANY ADDITIONAL SPECIAL NEEDS: _____

READ AND SIGN

To the best of my knowledge, I certify that this information contained herein is true and correct. I understand that based on the data I have provided, the Bellbrook Fire Department in consultation with other Health Care providers will determine evacuation and shelter assistance that this program may be able to provide.

The Ohio Public Records Law allows the City of Bellbrook Emergency Services to use my protected health information, for planning purposes and is not subjected to public disclosure or release. The Bellbrook Fire Department "Special Needs" program is provided at no charge and is a service provided to assist during community emergencies. The City of Bellbrook and the Bellbrook Fire Department can not guarantee everyone may receive assistance during an extreme emergency situation. Residents are encouraged to have their own plan in place for such an event.

NAME (print): _____ SIGNATURE: _____

If person completing this form is NOT the applicant, please answer the following:

NAME / PHONE: _____ RELATIONSHIP / AGENCY: _____