



EMERGENCY: INDIVIDUALS WITH ACCESS AND FUNCTIONAL NEEDS INDICATOR FORM FOR 911

The Department of Emergency Services (DES) is concerned for those individuals in our community who may need additional care during emergency situations. This information is confidential and will only be used to better assist you and your family in the event of an emergency.

Information received through the *Access and Functional Needs Indicator Form*, will be maintained in a confidential database by the DES Emergency Management Division. The information provided on this form is confidential and will **only** be available to the dispatcher when a 9-1-1 call originates from the phone number provided on the form below.

Please complete and return the *Indicator Form* below if appropriate.

If you have any questions about this form please call the DES Emergency Management Division at **410-548-4820**.

Check the box beside those items which apply to you or anyone living in your home. Please mark **ALL** boxes that apply to any person who lives in your home.

<input type="checkbox"/> Life Support System: has equipment required to sustain their life		<input type="checkbox"/> Mobility Impaired: is bedridden, wheelchair user or has another mobility impairment	
<input type="checkbox"/> Blind	<input type="checkbox"/> Visually Impaired	<input type="checkbox"/> Deaf	<input type="checkbox"/> Hard of Hearing
<input type="checkbox"/> Communication	<input type="checkbox"/> Speech Impaired	<input type="checkbox"/> Seizure	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Intellectual/Development Disability		<input type="checkbox"/> Dementia/Alzheimer's	
<input type="checkbox"/> Autism	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Other:	
Select from the following any of the assistance aids required by the Person with Disability Choose all that apply			
<input type="checkbox"/> Wheel Chair	<input type="checkbox"/> Service Animal	<input type="checkbox"/> Hearing Aids	<input type="checkbox"/> Cane
<input type="checkbox"/> Walker	<input type="checkbox"/> Cochlear	<input type="checkbox"/> Glasses	<input type="checkbox"/> Contacts
<input type="checkbox"/> Head Protection/Head Gear		<input type="checkbox"/> Alternative/Augmentative Communications	
<input type="checkbox"/> Prosthetics	<input type="checkbox"/> Other Assistance Aids:		
Fill out the following about the person in question:			
Special Disability Requirements/Cautions:			
Approach, calming or de-escalation techniques most likely to work:			
Sensory preferences of concerns (triggers):			

Things that scare or upset the person with the disability:
Method of communication, if nonverbal, sign language, picture board, written words:

NAME(S):		
Street Address:		
City:	State:	Zip Code:
Phone Number:	Is it unlisted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name/Telephone # of Person Completing Form:		

Return Form to Address Listed Below:

Wicomico County
 Department Of Emergency Services
 411 Naylor Mill Road, Suite 200
 Salisbury, MD 21801