

**VILLAGE OF HOFFMAN ESTATES
EMERGENCY INFORMATION QUESTIONNAIRE
FOR CITIZENS WITH DISABILITIES**

The Village's emergency services staff seeks to provide appropriate service to residents with disabilities. If you or a family member are disabled and require special assistance in an emergency situation, we would like to know. Complete this questionnaire, giving us information about your disability and special needs. We will put the information in the "911" computer system, and it will be available if an emergency occurs at your home (medical, power failure, flooding, etc.). You are responsible to report any changes regarding information submitted. All forms will be eliminated after two years and must be renewed.

Date: _____

1. Last Name _____ First Name _____ Middle _____

2. Address _____ Zip _____ Phone _____

3. Date of Birth _____ Age _____ Sex _____ Weight _____

4. Nature of Disability/ Limitation (Check all that apply)

Physical/Medical Disability _____ Temporary _____ Permanent _____

Ambulatory _____ Non-Ambulatory _____ Visual _____ Auditory _____ Other _____

Mental/Developmental Disability _____ Emotional/ Mental Illness _____

Describe disability or illness _____

5. Person's location in building – if applicable (e.g. northwest corner of house-bedroom)

During the day _____

At night _____

6. Physician's Name _____ Phone () _____

7. Allergies _____

8. Medications _____

9. Other Information (Medical equipment/ oxygen etc.) _____

10. Contact person in case of emergency 11. Communication barrier? Y/N

Name _____ Phone () _____

Name _____ Phone () _____

Interpreter Name _____ Phone () _____

*Mail completed form to: Robert Gorvett, Deputy Fire Chief
 1900 Hassell Road
 Hoffman Estates, IL 60195-2308*

(Department use only)

Received by Fire Department _____

Entered into CAD: _____ By: _____ Purge Date: _____