**BELLBROOK FIRE DEPARTMENT**
**SPECIAL NEEDS APPLICATION FORM**

**Scott Hall, Fire Chief**
WEBSITE: www.bellbrookfire.org

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)

- ❑ SKIN PROBLEMS
- ❑ DEMENTIA
- ❑ HIGH B/P
- ❑ HEART CONDITION
- ❑ OSTOMY
- ❑ ARTHRITIS
- ❑ KIDNEY DISEASE
- ❑ BRONCHITIS
- ❑ SEIZURES
- ❑ ASTHMA
- ❑ DIABETES

- ❑ EDEMA
- ❑ EMPHYSEMA
- ❑ COPD
- ❑ COMATOSE
- ❑ DEMENTIA
- ❑ PARKINSON'S
- ❑ BLIND
- ❑ HEARING IMPAIRED
- ❑ HEART CONDITION
- ❑ SERVICE ANIMAL
- ❑ VISION IMPAIRED
- ❑ GLASSES

- ❑ SPECIAL DIET
- ❑ M. DYSTROPHY
- ❑ M.S.
- ❑ C.P.
- ❑ STROKE / CVA
- ❑ OPEN SORES
- ❑ NEBULIZER
- ❑ CONTAGIOUS
- ❑ DIALYSIS
- ❑ PSYCHOSIS

- ❑ HOSPICE
- ❑ ON OXYGEN

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 N**OT** the applicant, please answer the following:*

NAME / PHONE: _____ RELATIONSHIP / AGENCY: _____