

*Supporting People with Special Needs/Circumstances*  
**Wayne County 911 Special Project**  
 Emergency Information

**This form is to be used if there are special needs and/or circumstances in the household.**

**Please circle the preferred method of contact, as you will be contacted annually for an update of information provided:**

**\*Please Print Legibly/Please Do Not Abbreviate Diagnosis**

Email or Mail

(Revised 9-23-15)

(If you do not receive an email during the month of October, please check your SPAM folder)

Person to contact and Contact Telephone Number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

1. **Property Address:**

**Mailing Address:**

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Property Telephone Number (include area code): \_\_\_\_\_

2. **Household Member and Special Needs and/or Circumstances:**

**If you have any questions or need assistance regarding the completion of this form, please call Shannon Gill, CAD/911 Administrator at (570) 253-5970, extension 1915 or email: [sgill2@waynecountypa.gov](mailto:sgill2@waynecountypa.gov)**

Name	Date of birth	Serious medical conditions and/or circumstances (Please use key below as a guide and include other concerns)

**KEY:** \* Ammunition/Firearms/Flammable Materials (indicate location)    \* Wheelchair and/or Oxygen dependent    \*Blind    \*Deaf (TTY)  
 \* Intellectual Disability (please explain or call Shannon Gill for further clarification)    \*Autistic    \*Bedridden  
 \* Medication Allergy (please list)    \* Possible hiding location if frightened    \* Service animal and/or aggressive)