Special Needs Information Form
Eaton Township Residents

Completed forms can be dropped off at the Eaton TWP building or emailed to eatontwp@ptd.net

First Name _____

Last Name _____

Email _____

Mailing Address _____

Do you reside in an apartment or home ? (circle one)

Home Phone _____

Mobile Phone _____

Is your hearing impaired or do you have trouble hearing? (circle one)

YES NO

Visually Impaired? (circle one)

YES NO

Non – Ambulatory? (circle one)

YES NO

Other disabilities or ailments (examples – low oxygen, other language, allergies, etc)?

_____

TTY Machine (This is a special communications device for hearing or speech impaired.)

YES NO

Transportation Assistance Needed (If it became necessary to leave your residence, would you need assistance leaving?)

If yes, for how many?

YES _____ NO

Transportation Assistance Vehicle (What type of vehicle would be required for transportation assistance?)

Ambulance Minivan

Is someone completing this survey on your behalf?
If yes, please fill out the following Emergency Contact information forms.

YES NO

First Name_____
Last Name_____
Emergency Contact Phone Number _____