



EMERGENCY RESPONSE DATA FORM

The Village of Depew Office of Emergency Management
 The Village of Depew Police Department
 The Village of Depew Fire Department

FILLING OUT THIS FORM IS 100% VOLUNTARY AND CONFIDENTIAL

If someone in your household or if someone in your family who resides in the village of Depew has a disability or special medical need, the people whose job it is to respond when you call for help in an emergency need to know. Whether it affects your entire community, your street, or just your home, seconds can make a life-or-death difference. It is for this reason, that we encourage you to take a moment to fill out this form and return it to the address provided below. Having specific details about your special situation will significantly help us to help you. For more information please contact the Office of Emergency Management at 683-0972.

**PLEASE RETURN COMPLETED FORM TO THE OFFICE OF EMERGENCY MANAGEMENT
 85 Manitou St. Depew, New York 14043**

Last Name		First Name		Date	
Address				Apt. No.	
Town		State		Zip	
Type of Residence	Single Family Home	Assisted Living Facility- Grp. Home		Senior Housing	
Home Phone	Cell	Email			
Date of Birth	Age	How many in the residence?			
Your language, if not English		Other			

Emergency Contact for the above listed resident:

Name:	Relationship to resident
Primary Phone #	Secondary Phone #

Residents Special Needs (Circle All that Apply)

Yes	No	Are you confined to a bed?	Yes	No	Are you on constant oxygen?
Yes	No	Are you on dialysis?	Yes	No	Are you visually impaired?
Yes	No	Are you hard of hearing or deaf?	Yes	No	Are you on life support requiring constant electricity?
Yes	No	Do you live alone?	Yes	No	Do you have a service animal
Yes	No	Do you use a wheelchair?	Yes	No	Do you have mental health concerns?
Yes	No	Can you walk with assistance?	Yes	No	Alzheimer's or Dementia
Yes	No	Do you have an intellectual disability	Yes	No	Evacuation Assistance?
Describe:			OTHER:		