



**City of East Point Fire Department  
Special Needs Voluntary Registration Form**  
Return form to: 2727 East Point Street East Point, GA 30344  
**THIS DOCUMENT WILL BE USED FOR NOTIFICATION PURPOSES ONLY**



Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

If married, name of spouse \_\_\_\_\_ is spouse registered? \_\_\_\_\_

You must provide the name and phone number of an emergency contact who will always know where you are. This person should live in your area and must be aware that you have listed them as your contact.

Name: \_\_\_\_\_ Phone \_\_\_\_\_

What is your primary disaster plan?

\_\_\_ 1. Stay with family or others. Provide name, address, and phone: \_\_\_\_\_

\_\_\_ 2. Stay at home. Do you have a generator \_\_\_\_\_ yes \_\_\_\_\_ no?

\_\_\_ 3. Evacuate to a shelter. (A caregiver must accompany you to the shelter and stay with you.)

Do you have transportation to a shelter or to the place you will be staying? \_\_\_\_\_ yes \_\_\_\_\_ no

Can you sit up and ride in a car or van? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you need a wheelchair lift? \_\_\_\_\_ yes \_\_\_\_\_ no

Do you require an ambulance for transportation? \_\_\_\_\_ yes \_\_\_\_\_ no

Are you receiving home health assistance at home from any agency or program? \_\_\_\_\_ yes \_\_\_\_\_ no

If yes, name and phone number of agency \_\_\_\_\_

**Please check all that apply**

- Blind, hearing or speech impaired \_\_\_\_\_
- Bedridden \_\_\_\_\_
- Alzheimer's Disease \_\_\_\_\_
- Seizures \_\_\_\_\_
- Heart condition/Stroke \_\_\_\_\_
- Paralysis \_\_\_\_\_
- Sever Arthritis \_\_\_\_\_
- Contagious disease \_\_\_\_\_
- Terminal Illness \_\_\_\_\_
- Mental Illness (specify) \_\_\_\_\_

**I require: (provide details)**

- Oxygen \_\_\_\_\_
- Respirator \_\_\_\_\_
- Dialysis \_\_\_\_\_
- I.V. Medication \_\_\_\_\_
- Electricity \_\_\_\_\_
- Catheter \_\_\_\_\_
- Walker, cane \_\_\_\_\_
- Wheelchair \_\_\_\_\_
- Other special condition \_\_\_\_\_

I certify that the above is correct. I hereby authorize East Point Fire Department to release, use or disclose this information to other emergency response or human service agencies or officials. I also give law enforcement permission to enter my home in case of an emergency. I understand I have the right to revoke permission by notifying East Point Fire Department and asking that my name be removed from the special needs registry.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Registration # (Department use only) \_\_\_\_\_



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The Participant agrees to indemnify, waive, release and hold harmless: The CITY OF EAST POINT, its agents Or employees, and the CITY OF EAST POINT Mayor and Council against any claim; from any act or Omission of the City Fire Department within the CITY OF EAST POINT or their employees:

*This wavier and release shall be binding upon the parties, their heirs, successors and assigns.*

\_\_\_\_\_ *Participant initials*

*The participant acknowledges that he/she has read the foregoing wavier and release, Understands the Same and has executed this document freely and voluntarily.*

Dated \_\_\_\_\_

Participant \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

Witness \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name