

RESIDENT DISABILITY/SPECIAL NEEDS IDENTIFICATION FORM

DCC 19

The following information is being collected as part of the Corporation's Fire Plan, specifically to identify those residents who would require assistance in the event of an evacuation. This information will be retained in the Corporation's Fire Safety Box and shared with only management personnel and emergency services personnel to assist the type of assistance required in the event of an evacuation.

RESIDENT #1 Name: _____

Type of Disability or Describe Condition:

RESIDENT #2 Name: _____

Type of Disability or Describe Condition:

In Case of an Emergency Contact:

Name: _____

Relationship: _____

Telephone No: _____

RESIDENT SIGNATURE: _____

DATE: _____

PLEASE MAIL OR FAX COMPLETED FORM TO: