

*Supporting People with Special Needs/Circumstances
Wayne County 911 Special Project 2021/2022*

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

Dispatchers *cannot* call a contact at time of 911 call

Contact for person with special need and number(s) you can be reached: _____

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|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 1. Physical Address: | Mailing Address: <input type="checkbox"/> Check here if mailing address is the same as physical address) |
| Street: | Street: |
| City/State/Zip: | City/State/Zip: |
| *Is this physical address different than one you previously submitted? If yes, previous address: _____ | |
| Property Telephone Number (include area code): _____ | |

2. Household Member(s) and Special Needs and/or Circumstances:

If you have any questions or need assistance regarding the completion of this form, please call Shannon Gill at (570) 253-5970, ext. 1915

| Name | Date of birth | List serious medical conditions and/or circumstances <i>*Please print legibly / Do not abbreviate diagnosis* Use additional paper, if needed.</i> |
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Examples: * Ammunition/Weapons/Flammable Materials (indicate location) * Wheelchair and/or Oxygen dependent *Blind *Deaf (TTY)
 * Intellectual Disability (**please explain level of disability**) *Autistic (**please explain level**) *Bedridden & location in home
 *Key codes * Possible hiding location if frightened * Service animal and/or aggressive animal

***Please return form to: Shannon Gill 43 Volunteer Dr, Honesdale PA 18431 or sgill2@waynecountypa.gov**