

**VILLAGE OF HOFFMAN ESTATES
EMERGENCY INFORMATION QUESTIONNAIRE
FOR CITIZENS WITH DISABILITIES**

The Village's emergency services staff seeks to provide appropriate service to residents with disabilities. If you or a family member are disabled and require special assistance in an emergency situation, we would like to know. Complete this questionnaire giving us information about your disability and special needs. We will put the information in the "911" computer system and it will be available if an emergency occurs at your home (medical, power failure, flooding etc.). You are responsible to report any changes regarding information submitted. All forms will be eliminated after 2 years and must be renewed.

Date: _____

1. Last Name _____ First Name _____ Middle _____

Hoffman Estates Address _____ Zip _____ Phone () _____

Date of Birth _____ Age _____ Sex _____ Weight _____

2. Nature of Disability/Limitation (Check all that apply)

Physical/Medical Disability _____ Temporary _____ Permanent _____

Ambulatory _____ Non-Ambulatory _____ Visual _____ Auditory _____ Other _____

Mental/Developmental Disability _____ Emotional/Mental Illness _____

Describe disability or illness _____

3. Person's Location in building - if applicable (for example, northwest corner of house - bedroom)

During the day _____

At night _____

4. Physician's Name _____ Phone () _____

5. Allergies _____

6. Medications _____

7. Other Information (Medical equipment/oxygen etc.) _____

8. Contact persons in case of emergency

Name _____ Phone () _____

Name _____ Phone () _____

Name _____ Phone () _____

Mail completed form to: **Greg Schuldt, Deputy Fire Chief**
1900 Hassell Road
Hoffman Estates IL 60169

(DEPARTMENT USE ONLY)

Received by Fire Department: _____

Entered into CAD: _____ By: _____ Purge Date: _____