
Voluntary Self-Identification Evacuation Assistance Form

VOLUNTARY SELF-IDENTIFICATION EVACUATION ASSISTANCE FORM

Please check off and provide details on all the categories below that might apply. When completed, please return this form to your Agency's Chief Emergency Warden.

___ **Types of Notification – for individuals who have visual or hearing impairments**

Please describe the best way (e.g., flashing light, signs, etc.) in which you can be alerted to during an emergency evacuation.

___ **Assistive devices/Service Animals**

Please list any assistive devices (e.g., wheelchairs, walkers, canes), or service animals that must accompany you in the event of an emergency evacuation.

___ **Other Assistance**

Please provide any additional information that may be helpful in assisting you during an emergency evacuation.
