



SPECIAL NEEDS REGISTRATION FORM

Name: _____

Address: _____

City: _____

Residence Type: Single Family Multi-Family Mobile Home

Number of Levels: 1 2 3

Basement: YES NO

Age: Under 21 21 to 64 Over 64

Phone: _____

Email: _____

Special Needs: Visually Impaired Hearing Impaired Cognitively Impaired

Physically Limited Elderly Senior Without Family

Medical Care/Equipment Needed Speech Impaired

Limited English Proficiency Other Disadvantaged/Minority

Notes: _____
