

# SPECIAL NEEDS INFORMATION

This information will remain confidential: however it is needed to help us protect you in an emergency. Please fill out this form, even if you have filled one out before. This information is needed to keep our records current.

(Submission of this form authorizes Nuclear Planning and Response to share this information with appropriate emergency response organizations)

\_\_\_\_\_  
(FIRST NAME) (MIDDLE NAME) (LAST NAME)

\_\_\_\_\_  
(ADDRESS) (ROUTE, BOX OR STREET)

\_\_\_\_\_  
(CITY) (COUNTY) (ZIP CODE) (TELEPHONE)

**Soc. Sec. No./DL** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

If you live in a rural area, give directions to your home below

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please check any of the following which apply to you.*

- Hearing impaired.       Sight impaired.
- I would need special notification in an emergency.
- I would need a ride in an emergency.
- I do have a friend, neighbor or relative who could give me a ride in an emergency.  
The person's name, address and telephone number is:

\_\_\_\_\_  
\_\_\_\_\_

- I already have a NOAA RADIO. The Serial Number is: \_\_\_\_\_
- I can hear the weekly siren test.
- I am severely handicapped. A description of my condition is given below: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- Because of my medical condition, I would prefer to be evacuated to a medical facility rather than the Designated Reception Center.

**Arkansas Department of Health  
Nuclear Planning and Response Program  
Post Office Box 1749  
Russellville, Arkansas 72811**

**EMERGENCY INFORMATION-KEEP IN SAFE PLACE**

**PRSRT STD  
U.S. Postage  
PAID  
Russellville, AR  
Permit No. 2641**