

**Emergency Operation Plan
Notification and Resource Manual
Residents Requiring Special Assistance**

Residents Name:

Physical Address: _____

Email: _____

Phone: Home (____) _____ - _____

Cell (____) _____ - _____

Emergency Contact:

Name: _____

Physical Address: _____

Email: _____

Phone: Home (____) _____ - _____

Cell (____) _____ - _____

Handicap: _____

Needs:

- Oxygen
- Wheel Chair
- Ambulance
- Other _____

Non English Speaking Resident:

<input type="radio"/> Spanish
<input type="radio"/> Polish
<input type="radio"/> Mandarin
<input type="radio"/> Japanese

<input type="radio"/> German
<input type="radio"/> French
<input type="radio"/> Italian
<input type="radio"/> Russia
<input type="radio"/> Other _____

It is the responsibility of the resident or guardian to update information in writing as needed.

Print Name: _____

X _____ Date: _____

Resident or Guardian