



City of Methuen, Massachusetts

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Director of
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(978) 983-8579

Special Assistance Registration Form

Name: _____

Address: _____

Phone Number: _____

Date of Birth: _____

Do you or a member of your household:

1. Have a physical disability or mobility problem that would interfere with evacuating your home or going to an Emergency Services Facility? *(Please Circle one):* Yes No

If yes, please explain: _____

2. Take medication for diabetes? Yes No

If yes, please explain: _____

3. Have a chronic medical condition that requires medication? Yes No

If yes, please explain: _____

4. Take a medication that if you ran out of that medicine it would be terminal? Yes No

If yes, please explain: _____

5. Have a compromised immune system? Yes No

If yes, please explain: _____

6. Require supplemental oxygen? Yes No

If yes, please explain: _____

7. Have a severe hearing or vision problem? Yes No

If yes, please explain: _____

8. If you have any other information that will help emergency personnel or city officials better assist you in an emergency such as a flood, natural disaster or disease outbreak, please use the lines below to add in the additional information. Please be aware that all information will be kept confidential and only used by city officials for planning purposes and emergency responders in time of need.

Please print, fill out this form and mail to the following address or you can drop it off at the Methuen Health Department or the Methuen Senior Center:

Methuen Health Department

90 Hampshire Street

Methuen, MA 01844

Attn: Special Assistance Registration