



## RESIDENT WITH SPECIAL NEEDS FORM

In the event of a Disaster or Severe Storm the information on this form will be used by the St. Charles Fire Department to check on residents in the City of St. Charles who have a special need to make sure you are ok. Print this form, fill in the information then fax (636-949-3297), mail or hand deliver it to: 118 N. Second Street Suite 214 St. Charles 63301 or If you prefer you may call us with your information. Call: 636-949-3250 ask for Angie

Residents Name: \_\_\_\_\_

Age of resident with special need: \_\_\_\_\_

Address: \_\_\_\_\_

Main Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_

Describe special need:

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Emergency Contact Name: \_\_\_\_\_

Relationship to resident: \_\_\_\_\_

Emergency contact phone #: \_\_\_\_\_

Alternate phone #: \_\_\_\_\_

Application accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

*Information given on this form will be kept strictly confidential and only be used when necessary to check on the well being of the resident.*