

2020 FUNCTIONAL NEEDS INFORMATION

If you have functional needs, please fill in this card, fold, seal it with tape and mail today!
You must send in a card each year to keep our files up-to-date.

NAME: _____

STREET ADDRESS: _____

CITY: _____

ZIP: _____

PHONE: () _____

If there are special directions to your home, please contact Berrien County
Emergency Management at 269-983-7111, Ext. 4915.

IF YOU ARE A PART-TIME RESIDENT, PLEASE CIRCLE THE MONTHS YOU STAY IN BERRIEN COUNTY:

JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC

YOUR FUNCTIONAL NEED (CIRCLE ALL THAT APPLY):

VISION-IMPAIRED HEARING/SPEECH-IMPAIRED WHEELCHAIR WALKER/CANE BEDRIDDEN
VENTILATOR OXYGEN OTHER: _____

TRANSPORTATION INFORMATION:

Could a family member or friend give you transportation if you were asked to evacuate in an emergency?
YES _____ NO _____ POSSIBLY _____

PET INFORMATION:

Do you have pets at home that would require attention if you were asked to evacuate in an emergency?
If so, indicate the number of:

CATS: _____

DOGS: _____

SERVICE DOGS: _____

OTHER (DESCRIBE): _____

EMERGENCY CONTACTS:

PRIMARY: _____

RELATIONSHIP: _____

PHONE: _____

ALTERNATE: _____

RELATIONSHIP: _____

PHONE: _____



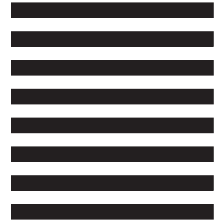
NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 10 BRIDGMAN MI

POSTAGE WILL BE PAID BY ADDRESSEE

BERRIEN COUNTY EMERGENCY MANAGEMENT
919 PORT STREET
SAINT JOSEPH, MI 49085



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FOLD HERE

**If you have functional needs,
fill out the other side of this card.
Cut this card out, fold and seal it,
then put it into the mail.**