



SPECIAL NEEDS DATABASE

NAME _____

ADDRESS _____

APT. NO. (if applicable) _____

PHONE NO. _____ SEX _____ AGE _____

NATURE OF SPECIAL NEEDS: ex. Mobility impaired, hearing impaired, vision impaired etc.

SPECIFIC LOCATION OF RESIDENT: DAY: _____

NIGHT: _____

PERSON TO BE CONTACTED IN CASE OF AN EMERGENCY

NAME _____ PHONE _____

ADDRESS _____

PERSON REQUESTING PLACEMENT ON THE DATABASE IF OTHER THAN APPLICANT

NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP TO PERSON WITH SPECIAL NEEDS _____

DOES PERSON KNOW OF THE REQUEST FOR PLACEMENT IN DATABASE?

____ YES ____ NO

Please Return This Completed Form To:

Mount Lebanon Fire Department
Special Needs Assessment Program
555 Washington Road
Pittsburgh, PA 15228

Or Fax the Form to: 412-343-1697

For Office Use:

Person Taking Request _____

Date of Request: _____

Date Removed _____

Reason for Removal: _____

Phone Sticker Included ____ Yes ____ No

Date Entered in FLP: _____

Note: All information submitted will be held in strict confidence for use by the Emergency Services only. Please remember to keep us updated in case any information should change.