

SPECIAL NEEDS INFORMATION
AND RESPONSE CARD
Westmoreland County, Virginia

If you or other members of your household would require special assistance in the event of an emergency evacuation, please complete and return the attached card so that prior arrangements can be made. Please indicate on the card whether you might need special notification or assistance with transportation if you were asked to evacuate. This information will be kept confidential and will be forwarded to the Westmoreland County Sheriff's Office. Return completed forms to County Administration office, located in the George D. English, Sr. Memorial Building, 111 Polk Street, Montross, VA 22520, or mail to: P. O. Box 1000, Montross, VA 22520.

HEARING IMPAIRED

The hearing impaired can receive emergency information on the Telephone Device for the Deaf (TDD) 493.8066.

ELDERLY AND DISABLED

The elderly and disabled can ask for assistance in an evacuation by calling 493.8066 (Westmoreland County Sheriff's Office) or 493.0130 (County Administrator's Office).

TRANSPORTATION

In the event you are asked to evacuate, use your own transportation, if possible. If you cannot, persons in Westmoreland County can call the County Administrator's Office at 493.0130 to request transportation assistance.

EMERGENCY ALERT SYSTEM

The Emergency Alert System is a group of radio and television stations that broadcast official information during an emergency. If the emergency sirens sound, tune to radio station WRAR (105.5) or WNNT (100.9) for further information.

SPECIAL NEEDS CARD
(Westmoreland County Households Only)

Special assistance would be needed for: (please print)

Name

Address

City

Telephone

Check all that apply

- Full-time Resident
- Part-time Resident (specify which months at this address _____)
- Deaf or Hearing Impaired
- Blind or Sight Impaired
- TDD Telephone Number: _____
- Confined to Wheelchair
 Y N Could transfer to regular seats in a van or bus with assistance
- Confined to Bed
- List electric powered medical devices you use, if any: _____
- Other special needs _____

Special Emergency Assistance Required:

Check only those applicable

- Specialized notification of the event
- Transportation if evacuation is required

Alternate Emergency Contact Person:

Name

Relationship to person needing assistance

Daytime Telephone Number

Nighttime Telephone Number