



Emergency Program for Residents with Disabilities

The City of Culver City is offering a program to residents with disabilities who wish to be listed in a database for the purpose of identifying people who may be in the greatest categories of need in the event of a significant disaster. Participation is voluntary. If you wish to be included, please provide the following information and send it to the address listed at the bottom of this form.

Please Print Clearly:

Name of Disabled Person: _____
Present Age: _____
Do you live alone? ___ Yes ___ No
Street Address: _____ City/Zip: _____
Home Phone: _____ Work Phone: _____
Is there anything we should know about your family situation? _____

Check which of the following, if any, are used:

- | | |
|--|--|
| <input type="checkbox"/> Manual Wheelchair | <input type="checkbox"/> Hearing Aid |
| <input type="checkbox"/> Electric Wheelchair/Scooter | <input type="checkbox"/> TTY Phone |
| <input type="checkbox"/> Crutches | <input type="checkbox"/> Guide Dog or Signal Dog |
| <input type="checkbox"/> Walker | <input type="checkbox"/> White Cane |
| <input type="checkbox"/> Cane | <input type="checkbox"/> Oxygen |
| <input type="checkbox"/> Prosthesis | |
| <input type="checkbox"/> Other (Describe: _____) | |

Nature of Disability (check any/all that apply):

- Arthritis (Disabling, such as Rheumatoid Arthritis, Osteoarthritis, Systemic Lupus...)
- Cancer
- Cardiac Disability (Myocardial Infarction, Congestive Heart Failure, Peripheral Vascular Disease...)
- Cognitive Disorder (Alzheimers, Autism, Senile Dementia, Organic Brain Syndrome...)
- Developmental Disability (Mental Retardation, Down Syndrome...)
- Diabetes
- Frailness (Frail and weak condition)
- Hearing Disability (Deaf or Severe Loss)
- Mental/Emotional Illness
- Musculoskeletal Disability (Muscular Dystrophy, Spina Bifida, Amputation, Post Polio, Multiple Sclerosis...)
- Neurological Disability (Parkinson's Disease, Cerebral Palsy...)
- Renal Failure
- Respiratory Disability (Including Asthma)
- Seizure Disorder
- Spinal Cord Injury
- Stroke
- Vision Disability (Blind or Severe Loss, Cannot be Corrected by Conventional Eyeglasses)
- Other (Describe _____)

Do you have difficulty with any of the following:

- Walking
- Seeing
- Hearing
- Speaking
- Breathing
- Other (Explain): _____

Does the person being registered speak English? Yes No
If not, please indicate primary language: _____

The first 72 hours of a major disaster are critical in securing the safety of the entire City, and requires the full attention of emergency personnel. Residents should have pre-arranged plans with relatives, neighbors, friends and other support people known to them to provide direct assistance to the disabled individual until other help is available. The City cannot be held liable for inability to assist each registrant, but every effort will be made as the disaster situation allows for emergency personnel to provide needed assistance to each person registered.

This data must be updated periodically through a direct mailing the City will make to your home address. Failure to update will result in the individual being removed from the database. Please notify the Office of Disability Services, (310) 253-6729 (Voice) (310) 253-6735 (TTY) as soon as possible of any address change or other event that would cease participation in this program. Thank you.

Your signature below indicates your permission for yourself or a family member to be listed in the City of Culver City's database of residents with disabilities for emergency purposes. This information is confidential and will be treated accordingly.

Signature (Parent, if a Minor) _____
Date

Responsible Party to be Notified in an Emergency:

Name: _____
Relationship: _____
Address: _____
City/Zip: _____
Home Phone: _____ Work Phone: _____

Return form to: **City of Culver City, Disability Services**
4095 Overland Avenue
Culver City, CA 90232
Email: disability.services@culvercity.org