BATH TOWNSHIP SAFETY DEPARTMENTS

RESIDENTIAL HISTORY ADA (DISABILITY) FORM

The Bath Township Safety Departments have created this form specifically designed to help us improve our response to calls with the residents of our township who may have a disability. Please complete the following voluntary questionnaire and either drop it off at the Bath Township Police Department or email it to sbartlett@bathtownship.org.

If you choose to respond, the information will be submitted into the Bath Township Emergency Dispatch CAD system for use by the dispatch team. The purpose of this form is to ensure that dispatchers and emergency response personnel are aware, in advance, of any information you feel they would need to know about people with disabilities in your household in the event of an emergency. Responding to this questionnaire is completely voluntary. You may choose to respond on behalf of all of your household members or only certain household members. If you choose to respond, please be sure to provide your signature on the last page. Your signature gives us the permission we need to process this information, without it, the information cannot be processed. If you choose not to complete the form, the timeliness or quality of emergency response will not be affected. This form simply provides our safety services with an advantage before they arrive on scene.

We ask that if you move, or the situation in the home changes, please contact us so we can make the necessary adjustments in our alert system.

QUESTIONS

Your answers to the following questions will assist police, fire or medical personnel when they are responding to an emergency or other call from your home. The information provided will help in identifying and/or assisting you, or a person in your household who has a disability.

1. **Head(s) of Household** (Self, Parent, Caregiver, or Agency)

   Name _____Age _____ Gender _____

   Name _____Age _____ Gender _____

   Address _____

   APT# _____ City __Akron__ Zip __44333_

2. **Contact Information:**

   Home _____ Work _____

   Cell _____ TTY/TDD _____

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Email _____

3. **Emergency Contact:**

Name_____Relationship_____

Address _____

Home _____Work _____Cell _____

4. **Does any member of your household have a disability/medical condition?** (Mark all that apply)

Name_____ Age_____ DOB_____ Race_____

Gender _____ Height_____ Weight_____ Eye Color_____ Hair Color_____

Scars/Identifying Marks_____

Blind ____ Low vision ____ Deaf ____ Hard of hearing ____ Difficulty Communicating ____

Intellectual Disability____ Mental Illness____ Autism ____ Physical Disability____ Seizure____

Other: _____

_____

_____

Name_____ Age_____ DOB_____ Race_____

Gender _____ Height_____ Weight_____ Eye Color_____ Hair Color_____

Scars/Identifying Marks_____

Blind ____ Low vision ____ Deaf ____ Hard of hearing ____ Difficulty Communicating ____

Intellectual Disability____ Mental Illness____ Autism ____ Physical Disability____ Seizure____

Other: _____

_____

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_____

Name_____ Age_____ DOB_____ Race_____

Gender _____ Height_____ Weight_____ Eye Color_____ Hair Color_____

Scars/Identifying Marks_____

Blind ____ Low vision ____ Deaf ____ Hard of hearing ____ Difficulty Communicating ____

Intellectual Disability____ Mental Illness____ Autism ____ Physical Disability____ Seizure____

Other: _____

_____

_____

5. How many household members? _____

6. Is the person with a disability in your household likely to wander off? Yes_____ No _____

7. Fill out the following and identify the person(s) to whom it is applicable:

Any prescription medication or emergency medical treatment needed:

_____

_____

Favorite attraction or locations where they may be found:

_____

_____

Atypical behaviors or characteristics that may attract attention:

_____

_____

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Favorite toys, objects or discussion topics (likes, dislikes):

_____

_____

Approach, calming or de-escalation techniques most likely to work:

_____

_____

Method of communication, if nonverbal, sign language, picture board, written words:

_____

_____

Identification information: Do they carry or wear identifying jewelry, tags, ID card etc.:

_____

_____

Sensory or dietary issues, if any:

_____

_____

Please use the space below to provide any additional information you feel that the Bath Township Safety Departments should be aware of in order to more effectively respond to an emergency situation in your household.

_____

_____

_____

_____

_____

Is there a key holder to your property or someone to be notified in case of an emergency?

Yes _____ No _____ Name _____Phone _____

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IMPORTANT: By signing this form, I acknowledge that the information provided above was done so voluntarily for the sole purpose of assisting the Bath Township Safety Departments, through their emergency dispatch center and to their emergency response personnel, to more effectively respond to a potential emergency in or near my household. I also understand that providing this information does not entitle me or anyone in my household to preferential treatment, nor will it result in a more timely response by emergency response personnel. It is simply an attempt to provide emergency response personnel with information, which may be helpful when providing service to residents or occupants of my home.

Signature Head(s) of Household_____ Date _____

_____ Date _____