

# SPECIAL NEEDS INDIVIDUALS CHECKLIST AND CONTACT LOG

*Use the checklist in evaluating the type of assistance required by special-needs individuals in the event of a pandemic or other emergency. Use the log for recording contacts.*

Name of Resident: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Disability or Impairment (Circle)	YES	NO	COMMENTS
<b>Deaf/Hearing Impairment</b>			
· Does individual use a hearing aid?			
<b>Blind/Visual Impairment</b>			
· Is individual legally blind?			
· Does individual have a guide dog?			
<b>Mobility Impairment</b>			
· Is individual able to walk unassisted for short distances?			
· Does individual use a walker?			
· Does individual use a wheelchair?			
<b>Mental Impairment</b>			
· Does individual suffer from a mental impairment (such as Alzheimer's, dementia, senility, schizophrenia, etc.)?			
· If yes, is there a family member or other individual who is a caregiver?			
<b>Other Disability</b>			

DATE	CONTACT CODE	STATUS

**CONTACT CODES:**    E (Email)    P (Phone call)    V (Visit)

**NAME OF VOLUNTEER MAKING CONTACT:** \_\_\_\_\_