

# 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 Impaired</b>			
• Is individual able to walk unassisted for short distances?			
• Does individual use a walker?			
• Does individual use a wheelchair?			
• Is individual's vehicle equipped with wheelchair lift?			
<b>Mentally impaired</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>			

**Contact Codes: E – e-mail      P – phone call      V - visit**

DATE	CONTACT CODE	STATUS

(continue on back side of page if necessary)

**Name of Volunteer Making Contact:** \_\_\_\_\_