

**Lehigh County Communications / 9-1-1 Center  
Special Needs Resident Information Form**

Resident's Name	Premise Telephone Number
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Address

Borough/Township

Description of Special Need (Check all that apply)

- Physical Disability (wheelchair bound, confined to bed, etc.)**
- Visually Impaired/Blind**
- Hearing Impaired/Deaf**
- Speech Impaired**
- TDD/TTY/Text Telephone in home**
- Other (explain below)**

Explanation of Special Need (if confined to bed, indicate where in home the bed is located)

*All information submitted will be removed from our records one year after the date it is received. It is the responsibility of the individual to resubmit the information yearly as long as the condition applies.*

Signature of Resident	Date
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Upon completion, return form to **Lehigh County 9-1-1 Center**  
**640 W. Hamilton St., 10th Floor**  
**Allentown, PA 18101**  
**Telephone 610-782-4650 / Fax 610-782-4660**

9-1-1 Center Use Only: Date entered	Employee entering data
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All information submitted on this form will be kept confidential and will only be used in the event of an emergency at the place indicated above. The Lehigh County 9-1-1 Center does not discriminate on the basis of sex, race, color, national origin, disability or age.