



EVACUATION ASSISTANCE REQUEST

Effective emergency evacuation depends on identifying and supporting individuals needing evacuation assistance. If you have a disability or a functional need, you may require emergency evacuation assistance. Note **self-identification is voluntary**. The ADA requires medical information be kept confidential, however, there is an exception that allows dissemination to first aid providers, safety personnel and emergency responders. These individuals are entitled to the information necessary to fulfill their responsibilities.

Complete all applicable areas of this form if you want to self-identify. Save an electronic copy for your records and submit the form to the *Director of Emergency Management* (manousosc@uhd.edu). You will be sent an email confirming receipt. All evacuation assistance request data will be compiled and included in the HFD Fire Depository Box and electronically available to UHD PD. Your form will be sent electronically to the Office of Disability Services if you are a **student** or to the ESO ADA Coordinator if you are staff or faculty for follow-up service. Please remember to keep your profile information up-to-date in eServices.

Are you? Student Staff Faculty

First name: MI: Last name: Suffix:

Phone: Is this a cell? Yes No Do you want to receive texts? Yes No

UHD email: Additional email address:

Do you receive email via cell phone? Yes No

Please check one of the following:

- My need for evacuation assistance is temporary.
- My need for evacuation assistance is permanent.
- I no longer request evacuation assistance.

Please check all that apply:

Mobility Impairment:

- Wheelchair – electric (incl. scooters)
- Wheelchair – manual
- Mobility aid – cane, walker, crutches, brace
- Other – may include distance, stamina, respiratory issues, difficulty using stairs

Visual Impairment:

- Blind
- Low vision

Hearing Impairment:

- Oral
- Sign language
- Assistive technology

Other Limitations:

- Communication/speech
- Service animal
- Non-specified can include anxiety, seizure disorder, claustrophobia, or conditions not included in other categories

The information below will be included in a **summary** for response personnel.

Please briefly state your limitations:

Please briefly state your capabilities:



Please briefly state what type of assistance you need:

Your basic schedule is needed and should be updated when significant changes occur.				
Day	Beginning time:	Ending time:	Building	Room