

**PREPAREDNESS AND PLANNING  
SPECIAL NEEDS PARISHIONERS IDENTIFICATION FORM**

Church Parish: \_\_\_\_\_ *Diocese of Houma-Thibodaux*

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

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

List names and ages of additional members in household: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you only speak a foreign language?  No  Yes Language: \_\_\_\_\_

Residence Type:  Single Family  Mobile Home  Apt. \_\_Floor

Name of Residential Complex: \_\_\_\_\_

Medical Disability: \_\_\_\_\_

Are You:  Legally Blind  Deaf  Mute  Aphasic Are you homebound?  Yes  No

Do you use a wheelchair?  Always  Most of the Time  Sometimes

Do you use a walker/cane?  Always  Most of the Time  Sometimes

Do you require a special diet?  No  Yes Type: \_\_\_\_\_

Special Medical Needs (Ex: severe cardiac, diabetic on insulin)  
\_\_\_\_\_  
\_\_\_\_\_

Do you rely on electricity for home medical treatments?  Yes  No

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

(**NOT** living with you)

Do you have any pet(s)?  Yes  No If Yes, what type of pet(s) do you have and how many of each? \_\_\_\_\_

(**Note:** Pets are **NOT** allowed in shelters unless they are service animals. Make evacuation shelter arrangements for for your pet(s) **BEFORE** a disaster strikes.) Is your pet a Service Animal?  Yes

Do you have transportation in an emergency?  Yes  No  Maybe

Would you need transportation in an emergency?  Yes  No  Maybe

If yes, what type?  Standard Vehicle  Wheelchair access  Ambulance

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_