



# YAVAPAI COUNTY



**Community Health Services Emergency Preparedness**  
**1090 Commerce Dr. Prescott, AZ 86305**

**Email: [mrc@yavapaiaz.gov](mailto:mrc@yavapaiaz.gov) Phone: 928-442-5487**

**Website: [yavapaiaz.gov/CHS](http://yavapaiaz.gov/CHS) (Click Health Services, then click Forms)**

## Functional Needs Evacuation Form

The purpose of the information requested in this file is to **assist** emergency response agencies in locating, providing warning to, and if possible, evacuating persons with functional needs in case of emergency. The development of a personal evacuation plan is still highly encouraged. This is not meant to be a primary evacuation plan for any household, as emergency responders can be overwhelmed during an incident and evacuation through emergency services **cannot** be guaranteed. **COMPLETION OF THIS FORM IS VOLUNTARY.** The information will be held in strict confidence, only being disclosed to necessary Yavapai County employees and emergency response partners. When the form is completed, please mail it to the address above.

**Today's Date** \_\_\_\_\_ **Referring Agency:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Unit Number:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Community/Cross Streets:** \_\_\_\_\_

**Mailing address if different:** \_\_\_\_\_

**County:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Birthday:** \_\_\_\_\_

**Type of mobility required:**

- Ability to walk with assistance \_\_\_\_\_
- Restricted to a wheelchair \_\_\_\_\_ Is the wheelchair powered yes \_\_\_\_\_ No \_\_\_\_\_
- Restricted to bed \_\_\_\_\_

*Continued on next page*

**Equipment/supplies needed on a daily basis:**

- Wheelchair \_\_\_\_\_
- Walker/cane \_\_\_\_\_
- Braces \_\_\_\_\_
- Oxygen \_\_\_\_\_
- Other: \_\_\_\_\_

**Is there a service animal? Dog \_\_\_\_\_ Miniature Horse \_\_\_\_\_**

**Are there any companion pets? Yes \_\_\_\_\_ How Many? \_\_\_\_\_ No \_\_\_\_\_**

**Does the person have any other functional limitations that may affect his/her evacuation?**

- Hearing impaired \_\_\_\_\_
- Vision impaired \_\_\_\_\_
- No means of transportation \_\_\_\_\_
- Inability to self-evacuate \_\_\_\_\_
- Other \_\_\_\_\_

**Emergency Contact and Phone Number:**

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**Relationship to the Client:**

- Family Member \_\_\_\_\_
- Legal Guardian \_\_\_\_\_

**Signature of legal guardian or family member:**

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**\*\* PERSONS WITH FUNCTIONAL NEEDS** may include but are not limited to persons with hearing or visual impairments, persons with developmental disabilities, persons with mobility related disabilities, persons with cognitive disabilities, persons on life support systems, persons who are frail due to age, or any other persons with functional needs for their support during an emergency.