



**Special Needs Information:**

(Please check all that apply)

- Deaf/Hard of Hearing     Blind/Low Vision     Mobility Impairment
- Wheelchair User     Oxygen Dependent     Ventilator Dependent
- Other: please specify: \_\_\_\_\_

**Do you have an emotional or psychiatric disability?**  Yes  No

Comment: \_\_\_\_\_

**Do you have a physical disability:**  Yes  No Comment: \_\_\_\_\_

- 1) Do you: Care for yourself?  Have a caretaker or caregiver?  Do You Need assistance? Yes  No  If Yes, Explain: \_\_\_\_\_
- 2) Are you ambulatory?  Yes  No
- 3) Are you confined to bed?  Yes  No
- 4) Do you use: (check all that apply) Walker  Crutches/Cane  Scooter  
 Manual wheel chair  Motorized wheel chair  Hearing Aide  White Cane
- 5) Do you have a service animal?  Yes  No
- 6) Do you have a pet?  Yes  No  
If Yes, What Kind? \_\_\_\_\_
- 7) Does your home rely on a remote control door opener?  Yes  No  
 Front  Side  Back
- 8) Is the door opener battery operated?  Yes  No
- 9) Is the door opener electric?  Yes  No
- 10) Are you allergic to any medications?  Yes  No  
If yes, please specify: \_\_\_\_\_
- 11) Do you have a standard smoke detector?  Yes  No
- 12) Do you need a smoke detector for the Hearing Impaired?  Yes  No
- 13) Would your household benefit from a larger button phone with raised volume levels?  Yes  No

**EMERGENCY CONTACT IN CASE OF EMERGENCY:**

Please Contact: \_\_\_\_\_ Phone No. : \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

14) OPTIONAL INFORMATION:

Name of Physician: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

Other Health Care Provider: \_\_\_\_\_ Phone No.: \_\_\_\_\_

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

I did  or did not  have assistance completing this information.

APPLICANT SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_

Name of Person/Agency providing assistance: \_\_\_\_\_

Date: \_\_\_\_\_

For alternative format versions of this application or for assistance in completing this application, please contact:

Agency     Oakland Fire Department c/o Constance Myers  
 Address     1605 Martin Luther King, Jr. Way, Oakland, CA 94612  
 Phone       (510) 444-4432  
 TDD         (510) 839-6451  
 Email       [afontaine@oaklandnet.com](mailto:afontaine@oaklandnet.com)

**OR**

Agency     Oakland Department of Human Services/OSCAR c/o Sarah Lin  
 Address     150 Frank Ogawa Plaza, Suite #4340, Oakland, CA 94612  
 Phone       (510) 238-2382  
 TDD         (510) 238-3254  
 Email       [Slin@oaklandnet.com](mailto:Slin@oaklandnet.com)

To the best of my knowledge the information contained herein is true and correct. I understand that participation in the Oakland 9-1-1 Registry program is voluntary and it is my responsibility to provide changes or updates. I understand that all information given will be held in strict confidence.

I grant permission to the Oakland Fire Department to disclose my information to emergency responders and other responding agencies, as needed. I understand the Fire Department may assist within its capabilities but during a disaster or an emergency period, the Oakland 9-1-1 Registry program offers no implied or absolute guarantees that any assistance will be available. I understand that the information provided to the 9-1-1 Registry is to enhance day to day emergency responses and provide information for emergency planning during major emergencies and disasters.

The undersigned hereby releases, waives and discharges the City of Oakland, its directors, officers, employees, agents, independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injuries to persons and/or property of the undersigned.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

Please return completed forms to:

Oakland OES  
1605 Martin Luther King, Jr. Way  
Oakland, CA 94612

For assistance with completing application over the phone, please contact:

**Annette Fontaine**, Oakland Fire Department, **(510)444-4432**,  
Monday- Friday between 9 a.m. and 3 p.m. **OR**  
**Sarah Lin**, Oakland Dept.of Human Services/OSCAR,**(510) 238-2382**,  
Tuesday-Friday between 9 a.m. and 5 p.m.