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below to ensure that all possible responders have been notif ed.												

PPPPPPPPsituation that a member of your household with a disability may experience.

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Identif cation information: Do they carry or wear identifying jewelry, tags, ID card etc:

Ρ

Sensory issues, if any:

Ρ

responders should be aware of in order to more ef ectively respond to an emergency

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## Ρ

By signing this questionnaire, I acknowledge that the information provided above Ρ P P ΡP Ρ Ρ ΡΡ Ρ Ρ Ρ Ρ Ρ their 911 system and emergency response personnel, to more effectively respond to a potential emergency in or near my household. I also understand that providing this information does P P P ΡΡ ΡΡ ΡΡΡ P P P Ρ Ρ Ρ Ρ Ρ timely response by emergency response personnel. It is simply an attempt to provide emergency Ρ Ρ Ρ Ρ Ρ ΡP Ρ Ρ Ρ ΡΡ ΡP occupants of my home. Ρ Signature Т P PT Ρ

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