2024 FUNCTIONAL NEEDS EMERGENCY INFORMATION

ALTERNATE (NAME):

If you have functional needs, please fill in this card, fold, seal it with tape and mail it today! You may also fill this out online at www.bcsheriff.org. You must send in a new card or fill out the online form **every year** to keep our files up-to-date.

NAME OF PERSON NEEDING HELP:												
STREET ADDRES	55:											
CITY:			ZIP: HO			ME PHONE: ()						
CELL PHONE: ()					EMAIL:							
IF YOU ARE A	PART-TIME	RESIDENT, P	LEASE CIRCL	E THE MONTH	IS YOU STA	Y IN BERRIEN	I COUNTY	/:				
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEPT	OCT	NOV	DEC	
YOUR FUNCTI	ONAL NEED	(CIRCLE ALI	. THAT APPLY	'):								
VISION-IMPAIRED HEARING/SPEECH-IMPAIRED WHEELC				HAIR WALKER/CANE		NE	BEDRIDDEN VENTILATOR		ATOR	OXYGEN		
OTHER (PLEASE	DESCRIBE):											
ALERT/NOTIF	ICATION IN	FORMATION	(CIRCLE ONE	ANSWER FOR	R EACH QUE	ESTION):						
Are you able to receive IPAWS wireless emergency alerts?					YE	ES NO	IPA	IPAWS: Integrated Public Alert Warning System				
Are you able to receive B-WARN! emergency alerts?					YE	ES NO	B-W	B-WARN!: Berrien Warning Alert and Regional Notifications				
Are you able to receive NOAA Weather Radio emergency aler					s? YE	ES NO	NOA	NOAA: National Oceanic and Atmospheric Administration				
TRANSPORTA	TION INFO	RMATION (CI	RCLE ONE):									
Could a family member or friend give you transportation if you were asked to evacuate in an emergency? YES NO POSSIBLY												
PET INFORMA	ATION:											
If you would emergency? I	•	•	•	ıate, do you h	nave pets a	at home that	will requ	ire attention if y	ou are aske	ed to evac	uate in an	
CATS: DOGS: SERVICE DO				GS: OTHER (DESCRIBE):			CRIBE):					
EMERGENCY	CONTACTS:											
PRIMARY (NAME):					RELATIONSHIP:			PHONE:				

RELATIONSHIP:

PHONE:



BUSINESS REPLY MAIL

FIRST-CLASS MAIL PERMIT NO. 10 BRIDGMAN M

POSTAGE WILL BE PAID BY ADDRESSEE

DIVISION OF BERRIEN COUNTY SHERIFF'S OFFICE BERRIEN COUNTY EMERGENCY MANAGEMENT 2100 E EMPIRE AVE BENTON HARBOR MI 49022-9895







↑ FOLD HERE ↑

Update and mail in your Functional Needs Emergency Information Card each year. As soon as you receive your calendar, fill it out and mail it or fill the form out online.

Each person needing assistance, even if living at the same address, should fill out a card or the B-WARN! form online to notify us of each person's needs.