



MEDINA COUNTY SHERIFF'S OFFICE

RESIDENTIAL ADA (DISABILITY) FORM

The Medina County Safety Departments have created this form specifically designed to help us improve our response to calls with the residents of our county who may have a disability. Please complete the following voluntary questionnaire and either drop it off at the Medina County Sheriff's Office or email it to the Director of Emergency Communications at jmeredith@ohmedinaco.org.

If you choose to respond, the information will be submitted into the Medina County Emergency Dispatch CAD system for use by the Medina County Dispatch Team. The purpose of this form is to ensure that dispatchers and emergency response personnel are aware, in advance, of any information you feel they would need to know about people with disabilities in your household in the event of an emergency. Responding to this questionnaire is completely voluntary. You may choose to respond on behalf of all of your household members or only certain household members. If you choose to respond, please be sure to provide your signature on the last page. Your signature gives us the permission we need to process this information, without it, the information cannot be processed. If you choose not to complete the form, the timeliness or quality of emergency response will not be affected. This form simply provides our safety services with an advantage before they arrive on scene.

We ask that if you move, or the situation in the home changes, please contact us so we can make the necessary adjustments in our alert system.

QUESTIONS

Your answers to the following questions will assist deputies, fire or medical personnel when they are responding to an emergency or other call from your home. The information provided will help in identifying and/or assisting you, or a person in your household who has a disability.

1. **Contact Information** (Self, Parent, Caregiver, or Agency)

Name _____ Age _____ Gender _____

Name _____ Age _____ Gender _____

Address _____

Apt # _____ City _____ Zip _____

2. **Emergency Contact:**

Name _____ Relationship _____

Address _____

Home _____ Work _____ Cell _____



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3. Does any member of your household have a disability/medical condition? (Mark all that apply):

Name _____ Age _____ DOB _____ Race _____

Gender _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Scars/Identifying Marks _____

Blind Low vision Deaf Hard of hearing Difficulty Communicating

Intellectual Disability Mental Illness Autism Physical Disability Seizure

Other: _____

Name _____ Age _____ DOB _____ Race _____

Gender _____ Height _____ Weight _____ Eye Color _____ Hair Color _____

Scars/Identifying Marks _____

Blind Low vision Deaf Hard of hearing Difficulty Communicating

Intellectual Disability Mental Illness Autism Physical Disability Seizure

Other: _____

5. How many household members? _____

6. Is the person with a disability in your household likely to wander off? Yes No

7. Fill out the following and identify the person(s) to whom it is applicable:

Favorite attraction or locations where they may be found:



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Atypical behaviors or characteristics that may attract attention:

Favorite toys, objects or discussion topics (likes, dislikes):

Approach, calming or de-escalation techniques most likely to work:

Method of communication, if nonverbal, i.e. sign language, picture board, written words:

Identification information: Do they carry or wear identifying jewelry, tags, ID card etc.:

Sensory or dietary issues, if any:

Please use the space below to provide any additional information you feel that the Medina Safety Departments should be aware of in order to more effectively respond to an emergency situation in your household.

Is there a key holder to your property or someone to be notified in case of an emergency?

Yes No Name _____ Phone _____



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IMPORTANT: By signing this form, I acknowledge that the information provided above was done so voluntarily for the sole purpose of assisting the Medina County Sheriff's Office, through their emergency dispatch center and to their emergency response personnel, to more effectively respond to a potential emergency in or near my household. I also understand that providing this information does not entitle me or anyone in my household to preferential treatment, nor will it result in a timelier response by emergency response personnel. It is simply an attempt to provide emergency response personnel with information, which may be helpful when providing service to residents or occupants of my home.

Signature Head(s) of Household_____ Date _____

_____ Date _____