

**Otsego County 9-1-1 Central Dispatch
Special Health Care Needs Form**

Otsego county Central Dispatch is working to better improve our service to you, and we need your help! Please provide us with additional information specific to your location that will allow for better efficiency of emergency services in your time of need.

Otsego County has adopted an address ordinance that requires you to have your address posted. For further information on this ordinance, have you property tax code or identification number available and contact the Otsego County Equalization Department at (989) 731-7410.

ALL INFORMATION YOU PROVIDE IS CONFIDENTIAL

Name: _____ **DOB:** _____

Street Address: _____ **APT #:** _____

City: _____ **Township:** _____ **ZIP:** _____

Nearest Cross Street or Additional Directions:

This Address is a:

___ House ___ Mobile Home ___ Business ___ Farm
___ Apartment ___ Duplex ___ Foster Care Home ___ Assisted Living Home

Does this residence?

___ Require "Buzz In" Entry ___ Use of a "Knox Box" ___ Hidden Key - indicate location below

Does this residence have an Automatic/Intrusion Alarm? ___ Yes ___ No

If Yes,

Company Name & Phone Number: _____

Key Holder Name & Phone Number: _____

Special Conditions:

<input type="checkbox"/> Handicap Person	<input type="checkbox"/> Bedridden Person	<input type="checkbox"/> On Oxygen
<input type="checkbox"/> Alzheimer Patient	<input type="checkbox"/> Hearing Impaired	<input type="checkbox"/> Speech Impaired
<input type="checkbox"/> Cardiac Issues	<input type="checkbox"/> Sight Impaired	<input type="checkbox"/> Other

Please Describe:

Any weapons? Yes No

Please Describe: Location of weapons:

Any Animals? Yes No **Vicious?** Yes No
 (Type of animal) _____

Hazardous Materials:

<input type="checkbox"/> Gasoline	<input type="checkbox"/> Diesel	<input type="checkbox"/> Propane	<input type="checkbox"/> Natural Gas
<input type="checkbox"/> Ammunition	<input type="checkbox"/> Explosives	<input type="checkbox"/> Pesticides	<input type="checkbox"/> Poisons
<input type="checkbox"/> Other			

Please Describe:

This information will remain in our files for 1 year from date of entry. Please contact us to keep the information complete and up to date. If you require further assistance, please contact Otsego Co. Emergency Medical Services at (989) 732-9085 or Otsego County Central Dispatch at (989) 732-5141.

RETURN THIS COMPLETED FORM TO:

Otsego County Central Dispatch

Attn: 911 Special Needs

225 W. Main St.

Gaylord, MI. 49735

