

ON WEB

Request Form  
Information for Special Assistance  
For: Wysox Twp

The use of the following information will conform to Privacy Act Regulations.

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Directions to Residence:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assistance is needed for following disability: Hard of Hearing \_\_\_ Legally Blind \_\_\_ Physical Disable \_\_\_  
Developmentally Disable \_\_\_ Need Oxygen \_\_\_

Special Equipment Needed: Lift Van \_\_\_ Wheelchair \_\_\_ Walker \_\_\_ Guide Dog \_\_\_ Respirator \_\_\_  
Other \_\_\_\_\_

Do you have a telephone \_\_\_\_\_ TTY \_\_\_\_\_ TDD \_\_\_\_\_

Do you live alone \_\_\_\_\_ Do you live with spouse \_\_\_\_\_ Do you have a near neighbor who can help you \_\_\_\_\_

Do you have an attendant \_\_\_\_\_

Signature \_\_\_\_\_ Telephone number \_\_\_\_\_

Date \_\_\_\_\_