



Town of Southampton

116 HAMPTON ROAD
SOUTHAMPTON, NEW YORK 11968

HUMAN SERVICES
Telephone (631) 287-5734
Fax (631) 287-5752

WILLIAM C. JONES
DIRECTOR OF HUMAN SERVICES

PAMELA GIACOIA
DIRECTOR OF SENIOR SERVICES
(631) 728-1235

Dear Southampton Town Resident:

The Town of Southampton, in cooperation with our Disability Advisory Committee and the Senior Leadership Group, is collecting data regarding community members with disabilities or infirmities who may require special notification, transportation, evacuation or other services in the event of an emergency (such as a hurricane).

If you have hearing, mobility, visual or other physical limitations or health issues that might necessitate such attention, please complete the attached form and return it to the Department of Human Services of the Town of Southampton.

All information will be held strictly confidential.

Should you have any questions or concerns, please contact us at 728-1235. Thank you for your cooperation. **PLEASE HELP US TO HELP YOU!!**

Sincerely,
Pamela Giacoia
Director of Senior Services

William C. Jones
Director of Human Services

PLEASE RETURN TO:
Town of Southampton
Human Services
PO Box 974
Hampton Bays, NY 11946

Application for Emergency Evacuation Assistance

Please read the instructions and information required before completing the form. **This form must be completed in full for each person requiring evacuation assistance.** Please print clearly. Send completed and signed form to the address on the letter.

First Name: _____

Live Alone? _____ Yes _____ No

Last Name: _____

Contact Person

Not living with you: _____

Sex: _____ M _____ F

Relationship: _____

Birth Date: _____ Age: _____

Contact Person Telephone: _____

Approx. Height/Weight: _____

Contact Person Address: _____

Telephone: _____

Property Address: _____

Are you a full time resident? _____ Yes _____ No

Neighborhood/Hamlet: _____

Residence Type _____ House/Duplex

(check one) _____ Apartment

_____ Mobile Home

Mailing Address: _____

Rent or own this property? _____ rent _____ own

Nearest Cross Street: _____

Name of owner: _____

Fire District, if known: _____

In case of emergency evacuation where do you plan to go?

_____ I have made arrangements to stay with relatives, friends, a community organization, or hotel in a non-evacuation area.

_____ I am unable to make other arrangements and must go to an evacuation shelter.

What type of transportation will you require in case of an emergency? (check one)

_____ I will provide my own transportation/ I have someone who will drive me.

_____ I have no source of transportation and will need: _____ A regular vehicle

_____ Vehicle with wheelchair lift

_____ Ambulance

Will you be accompanied by an aide? _____ Yes _____ No

