

MCINTOSH COUNTY CRITICAL NEEDS TRANSPORTATION REQUEST

County transportation is for those with no means of transportation and only goes to the Dodge County Shelter.

**RETURN THIS FORM TO MCINTOSH COUNTY EMERGENCY MANAGEMENT, PO BOX 584
DARIEN, GA. 31305 OR EMAIL TO: mcintoshcountyema@gmail.com**

INFORMATION FOR THE PERSON REQUESTING TRANSPORTATION

First Name: _____ MI: _____ Last Name: _____

Date of Birth (mm/dd/yyyy): _____ : Male _____ : Female

Physical Address: _____

Email Address: _____

Primary Phone: _____ Secondary Phone or TTY/TDD: _____

Residence Type (Check One):

____ : Single Family ____ : Multi-Family Home ____ : Apartment ____ : Mobile Home

Mailing Address if Different Than your Physical Address:

DO YOU HAVE A SERVICE ANIMAL?

____ : YES Type of Animal: _____ Type of service Provided: _____

____ : NO **(ONLY REGISTERED SERVICE ANIMALS WILL BE ALLOWED ON COUNTY TRANSPORTATION AND AT THE SHELTER.)**

ADDITIONAL INFORMATION

How many people will be sheltering with you? _____

Names, ages and addresses of people sheltering with you (use additional sheet of paper if needed):

Name Age Address

Name Age Address

Name Age Address

Name Age Address

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Are you able to get on a bus using the steps? ____: YES ____: NO

If not, are you able to get on a bus using the lift? ____: YES ____: NO

Do you use a wheel chair? ____: YES ____: NO

**USE THE SPACE BELOW TO ADVISE US OF ANYTHING IMPORTANT WE SHOULD KNOW ABOUT YOUR
MEDICAL OR PHYSICAL REQUIREMENTS EITHER FOR TRANSPORTATION OR AT THE SHELTER. ie.
electrical needs for medical devices, medicines, mobility devices, etc**

EMERGENCY CONTACT

Name

Phone

Address

AUTHORIZATION TO ASSIST

____ I authorize emergency response personnel to enter my home for search and rescue operations

SIGNATURE OF INDIVIDUAL REQUESTING ASSISTANCE (OR LEGAL GUARDIAN)

DATE

NAME OF PERSON FILLING OUT THIS FORM (if not the individual requesting assistance)

NAME

PHONE