

FORM 2-B  
**SPECIAL NEEDS PARISHIONERS**

Parish Name: \_\_\_\_\_ Archdiocese of New Orleans

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
\_\_\_\_\_

List names and ages of additional members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you only speak a foreign language?  No  Yes Language \_\_\_\_\_

Residence Type:  Single Family  Mobile Home  Apt. \_\_\_ Floor

Name of Residential Complex: \_\_\_\_\_

Medical Disability: \_\_\_\_\_

Are You  Legally Blind  Deaf  Mute  Aphasic

Are you homebound?  Yes  No

Do you use a wheelchair?  Always  Most of the Time  Sometimes

Do you use a walker/cane?  Always  Most of the Time  Sometimes

Do you require a special diet?  No  Yes Type: \_\_\_\_\_

Special Medical Needs (Ex: severe cardiac, diabetic on insulin)

\_\_\_\_\_  
\_\_\_\_\_

Do you rely on electricity for home medical treatments?  Yes  No

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**(NOT** living with you)

Do you have any dog(s)?  Yes How many? \_\_\_ Cats?  Yes How many? \_\_\_

**(Note: Pets are NOT allowed in shelters. Make evacuation-shelter arrangements for them BEFORE a disaster strikes.)**

Do you have transportation in an emergency?  Yes  No  Maybe

Would you need transportation in an emergency?  Yes  No  Maybe

If yes, what type?  Standard Vehicle  Wheelchair access  Ambulance