

# Idaho State

## UNIVERSITY

### ISU Disabled/Special Needs Persons

#### Self-Identification Form

##### Purpose Statement

The purpose of this form is for disabled or special needs faculty, staff and students to self-identify before an emergency so the best effort to locate, notify, evacuate or shelter them can be performed. Please fill-out the information truthfully. ISU understands that disabled and special needs persons may not be where their schedule states, multiple forms of contact and having a buddy system will help aid each special needs or disabled person in the event of emergency.

Name:
Disability:
Associated Limitations with your disability?
Phone #:
Email:
Full Address:

##### Alternate Contacts

Name:	Name:
Relation:	Relation:
Phone #:	Phone #:

**IMPORTANT:** At the end of this form attach your **class/work schedule**, and/or fill out the weekly schedule in this form!

**Alternate Contacts**

Name:	Name:
Relation:	Relation:
Phone #:	Phone #:

**Questionnaire**

Are you familiar with the ISU emergency evacuation/sheltering plan? Yes    No
Do you keep your cell phone with you at all times? Yes    No
Are you comfortable asking for help if an emergency happens? Yes    No
Do you understand that physical contact may be necessary to help you evacuate? Yes    No
Can you evacuate quickly if necessary, on your own? Yes    No
Can you hear the fire alarm? Yes    No
Could you activate the fire alarm if you discover a fire? Yes    No
Have you asked a roommate, classmate, coworker to be your "buddy" to aid you? (See buddy system in the emergency evacuation/sheltering plan) Yes    No
Will you be able to contact someone to inform them of your current location if you are not where your schedule states? Yes    No





# Terms of Use

I, (name of applicant)\_\_\_\_\_ hereby agree that the information I provided in the Self-Identification form is voluntary and that the information is accurate. I further understand that the information I provide is subject to change and it is my responsibility to keep the information accurate and up-to-date. I understand the information I provide is for Idaho State University and other local emergency response agencies to notify, warn, evacuate, locate and respond in all various disaster situations. I understand that the best possible response will be provided to me, and that Idaho State University and other local emergency response agencies are not liable for the failure of the Self-Identification process in providing response prior to, during, or after a disaster. I agree to cooperate with Idaho State University and any emergency response personnel in a disaster situation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_