

**SYCAMORE TOWNSHIP**  
**SPECIAL NEEDS IDENTIFICATION FORM**

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

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

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

**Check all that apply:**

- Cardiac Condition(s)                       Respiratory Condition(s)
- Home Oxygen                                       Cancer - \_\_\_\_\_
- Infectious and/or Contagious Disease - \_\_\_\_\_
- Large Stature (approx. wt.) - \_\_\_\_\_
- Handicap and/or Mobility Issues     Wheelchair             Walker
- Hospice Care
- Children's Hospital Special Need Patient - \_\_\_\_\_
- Special Medical Condition- \_\_\_\_\_
- Home Access Problems - \_\_\_\_\_
- Other (Please specify) - \_\_\_\_\_

\*\*\*\*\* Send completed forms to:

Sycamore Township Fire & EMS  
8540 Kenwood Road  
Cincinnati, Ohio 45236  
Office 513-792-8565  
Fax 513-792-8564