

Butte County

Special Needs Awareness Program (SNAP)

Do you need assistance **evacuating during an emergency**? As part of Butte County's Emergency Evacuation Plan, the Department of Employment and Social Services works collaboratively with multiple agencies to ensure that those in need of evacuation assistance during an emergency are identified and evacuated safely and efficiently.

The Special Needs Awareness Program (SNAP) is a voluntary program for those with Access and Functional Needs (AFN) such as individuals with:

- Physical/developmental or intellectual disabilities
- Chronic conditions or injuries
- Limited English proficiency
- Older adults, children and low income households
- Homeless and/or transportation disadvantaged (i.e. dependent on public transit)
- Pregnant women

Packets

The Special Needs Awareness Program (SNAP) packet is available to anyone with AFN in the community who would like to receive additional information and register to be on this list.

Would you like a SNAP packet? Please call the Butte County Adult Services Intake line at [530-538-7538](tel:530-538-7538) or our toll free number [855-398-8899](tel:855-398-8899) to request a packet or download the [SNAP Packet \(PDF\)](#).

Butte County Special Needs Awareness Program (SNAP)
Registration Card

Use this card to register and to notify us of any changes or updates.
Please download this form, fill it out, and email it back to us at
desssnap@buttecounty.net or mail it to:
DESS, PO Box 1649, Oroville, CA 95965

Last Name: _____ First Name: _____

Birth Date: _____ Male Female (check one) Email address: _____

Home Address: _____

Street

Apt. Number

City

Zip Code

Phone No.: _____ (home and/or cell)

Emergency Contact: _____

Name/Relationship

Phone No.

Are you able to walk: Yes No Yes with help

Do you use: Cane/Walker Wheelchair Electric Scooter Other _____

Are you confined to a bed or recliner: Yes No

Do you have a pet/service animal: Yes No type & name: _____

Are you: Blind/Visually Impaired Deaf/Hearing Impaired Paraplegic Quadriplegic
 Amputee Other _____

Special Needs: Dialysis Oxygen Diabetic Other: _____

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