



South Central **ALERT**



<https://www.sctfpa.org/>

PLEASE PRINT LEGIBLY

County of Residence: _____

First Name: _____ Last Name: _____

Address:

Number and Street Name: _____

City: _____ State: _____ Zip Code: _____

How to Contact You: (fill out those that apply) Include Area Code for all phone numbers.

Home Phone: _____

Mobile Phone 1: _____

Business Phone: _____

Mobile Phone 2: _____

TEXT #1 (10 Digit #): _____

TEXT #2 (10 Digit #): _____

Business Email: _____

Personal Email: _____

TTY/TDD Device: _____

Other Phone: _____

Special Needs:

Yes No

If yes, please check the following that apply:

- Hearing Impaired
- Visually Impaired
- Mobility Compromised
- Mentally Impaired
- Bed Bound
- Transportation Needed
- Power Dependent
- Service Animals