

Disability-Related Supplies and Special Equipment List

Check items you use, and describe item type and location. Distribute copies to your emergency contact people as well as to each member in your network.

Type	Location
<input type="checkbox"/> Glasses:	_____
<input type="checkbox"/> Wheelchair:	_____
<input type="checkbox"/> Wheelchair repair kit:	_____
<input type="checkbox"/> Motorized:	_____
<input type="checkbox"/> Manual:	_____
<input type="checkbox"/> Walker:	_____
<input type="checkbox"/> Crutches:	_____
<input type="checkbox"/> Cane(s):	_____
<input type="checkbox"/> Dentures:	_____
<input type="checkbox"/> Monitors:	_____
<input type="checkbox"/> Ostomy supplies:	_____

Type	Location
<input type="checkbox"/> Eating utensils:	_____
<input type="checkbox"/> Grooming utensils:	_____
<input type="checkbox"/> Dressing devices:	_____
<input type="checkbox"/> Writing devices:	_____
<input type="checkbox"/> Hearing devices:	_____
<input type="checkbox"/> Oxygen:	_____
<input type="checkbox"/> Flow rate:	_____
<input type="checkbox"/> Suction equipment:	_____
<input type="checkbox"/> Dialysis equipment:	_____
<input type="checkbox"/> Sanitary supplies:	_____
<input type="checkbox"/> Other:	_____