

Butte County Special Needs Awareness Program (SNAP)
Registration Card

Use this card to register and to notify us of any changes or updates.

Please print all information neatly.

Fold in half, tape closed and add stamp before mailing.

HC'gi Va]h'h.]g'Zfca 'Vm9a U]ž'W]W'cb'h'Y''Gi Va]h: cfa ''Vi H'cb'Uh'h'Y'Vch'ca 'cZH'Y'dU['Y'cbW'Zcfa 'jg'Wta d'Yh'X''

Last Name: _____ First Name: _____

Birth Date: _____ Male Female (WYW 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: _____

ASCC Revised 2/14

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For office use only --Code _____

Fold Here and tape the open ends

Place
stamp
here

Butte County DESS
SNAP Program
P.O. Box 1649
Oroville, CA 95965