

Butte County Special Needs Awareness Program (SNAP)
Registration Card

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

To submit this form by Email, click on the "Submit Form" button at the bottom of the page once form is completed.

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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