

**Galveston Housing Authority  
Public Housing  
Emergency Evacuation Form 2010**

Name: _____		
Address: _____		
DOB _____	SSN _____	PHONE _____

Other Members of Households:

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1. In the event an emergency weather evacuation of the Island is ordered, do you have transportation? (By means of your own car, a relative, friend, neighbor, etc.)  
Yes \_\_\_\_\_ No \_\_\_\_\_

2. Do you wish to register with GHA for evacuation? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Does anyone in your family (household) have special assistance needs? Yes / No  
If yes, please describe (be very specific) \_\_\_\_\_

Does anyone use assisted devices \_\_\_\_\_  
Please list \_\_\_\_\_

4. Who should be called if you have a personal emergency?

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

5. Please list other information you want someone to have in case on an emergency:

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**Although GHA cannot promise to provide emergency evacuation transportation, we would like to keep track of residents who are unable to evacuate because of lack of transportation.**

**NOTE: All information provided will be protected under appropriate rules and regulations as provided by the Privacy Act, and the Freedom of Information Act.**

\_\_\_\_\_  
Resident Signature  
Date

\_\_\_\_\_  
Staff Signature