



# Address Road Sign Policy and Procedure

In an effort to provide easier location of our county's senior population considered at risk during emergency situations, the Tazewell County TRIAD has obtained a State of Virginia TRIAD matching grant to acquire and place 250 high visibility road signs at these, deemed "at risk", senior residences.

Tazewell County TRIAD will request assistance from the local law enforcement, emergency services, local municipality offices, and certain civic organizations and churches to identify potential recipients for the road signs.

Signs will be made of a metal/aluminum grade with high visibility green reflective matting/background that will have the street number affixed to it using highly reflective white numbers.

Upon completion of an application (see attached), which is submitted in complete form to TRIAD, a visual (drive by) of the residence by a TRIAD designated person (initially to be the local law enforcement in the jurisdiction of the applicant).

A Tazewell County TRIAD subcommittee will be nominated and charged to review applications, confirm appropriateness of need and coordinate the installation of the road sign(s).

Road signs may be installed by TRIAD members, civic groups (such as: Boy Scout Troops, Girls Scout Groups, Garden Clubs, churches, etc), local emergency personnel (such as: Fire Department, Police Department, Sheriff's Office, Rescue Squad, etc.) or any other voluntary organization deemed appropriate by the TRIAD or its designated committee (such as: Rotary Club, Chamber of Commerce, etc).

## Note:

"Seniors" may be generally defined as anyone 55 years of age and older. However, the road sign subcommittee may make recommendations, for approval, to the TRIAD for sign placement where dire need is demonstrated when a rising senior age appropriate individual applies for road sign placement.

Priority placement may be given to those of older ages and/or with chronic health concerns regardless of age.

Absent "priority" the applicants will generally be processed in the order the application is received, however, availability of committee or law enforcement to visually see the location to consider may change the order for consideration.

# Application

## Senior Road Sign Enhancement Program

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Birth Date/Approximate Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Health Concerns: \_\_\_\_\_

\_\_\_\_\_

Explain Reason for Need: (check all that apply)

- Senior w/ special needs or physical difficulties
- Senior residence w/ poor roadside visibility
- Senior residence w/ no visible house number
- Senior w/ frequent emergency needs
- Other reason(s) (please explain)

Mail Completed Application to:

*Clinch Valley Community Action, Inc.*  
*P.O. Box 188*  
*North Tazewell, VA, 24630-0188*

(Drop off at CVCA across from N. Tazewell Post Office)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person Completing Application: \_\_\_\_\_

Relationship: \_\_\_\_\_

Years Known Applicant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

=====

**TRIAD Committee or designated person complete below this line only**

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Date Application Received: \_\_\_\_\_

Received From: \_\_\_\_\_

Date Reviewed by Committee: \_\_\_\_\_

Require Visual/Drive By:

Local Law Enforcement Contacted:

\_\_\_\_\_  
Date: \_\_\_\_\_

(See Reverse Side of Application for Determination and Placement)

**(This Side to be Completed By TRIAD Committee or Designee(s) (includes law enforcement, etc) Only)**

Placement of TRIAD Road Sign is deemed based on visual inspection:

Date of visual inspection/'drive by': \_\_\_\_\_

Name of visual inspector: \_\_\_\_\_

- Appropriate - Suggested location of sign and what to mount to, mounting equipment and tools needed, etc. (vertical/horizontal):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Not Appropriate - Reason:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Committee Final Decision:**

- Approved for Placement**
- Not Approved for Placement – Reason:** \_\_\_\_\_
- Table and review at later date due to additional information or remedy an issue**  
**Additional information or remedy needed:** \_\_\_\_\_
- \_\_\_\_\_
- Other:** \_\_\_\_\_
- \_\_\_\_\_

**IF APPROVED:**

Person or Organization Placing Sign: \_\_\_\_\_

Additional Contact Information: \_\_\_\_\_

Date Sign Placed: \_\_\_\_\_