

For Official Use Only

## Emergency Assistance Survey

Let your local Fire Department know in **advance** if you might need any assistance during an emergency.

We are prepared to help you if you might need assistance during a public emergency. If you or someone in your household might need help being notified of an emergency, sheltering-in-place, evacuating from home, or staying in a mass care shelter, please let us know. Help is available, but is best planned **before** an emergency happens. Please fill out the information below and return this form to your local Fire Department. Your information will be kept strictly confidential and will not be shared. It will only be used to assist you during an emergency

**ALL INFORMATION IS STRICTLY CONFIDENTIAL AND ONLY FOR USE DURING AN ACTUAL EMERGENCY.**

**I/this person will need help in the event of an emergency:**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY & ZIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ TTY: \_\_\_\_\_

Help Needed:

- Translator (specify: \_\_\_\_\_)
- Need a ride
- Need a wheelchair accessible ride
- Need an ambulance for transportation
- Need individualized notification
- Need help with sheltering-in-place
- Service Animal (specify: \_\_\_\_\_)

I consider myself to be:

- Deaf/hard of hearing
- Blind/low vision
- Wheelchair user
- Confined to bed
- Developmentally disabled
- Learning disabled
- Other (specify: \_\_\_\_\_)

Comments: \_\_\_\_\_

**Relative or emergency contact person:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY & ZIP: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

For Official Use Only