

EMERGENCY SPECIAL NEEDS

As part of our planning process, we are attempting to obtain information about households that require special assistance during an emergency situation. Please complete and return the *Emergency Needs Survey* below. This will allow the necessary department to contact these households to aid them during an emergency. The survey implies but does not guarantee that Quakertown Borough personnel will provide special attention as requested.

Information received through the *Emergency Needs Survey*, will be maintained in a confidential database in the Emergency Management Office. This information will be updated annually. Please return this assessment even if you previously contacted the Emergency Management Office and provided your special needs information. If you prefer, you may contact the Emergency Management Office at dwillhelm@quakertown.org or 215.536.5001 x114.

CONTACT INFORMATION		
Name of Person Needing Assistance:		
Name of Person Completing Form:		
Address:		
City:	State:	Zip:
Email:	Phone:	Cell Phone:

Check the box beside those items which apply to you or anyone living in your home. Please mark ALL boxes that apply to any person who lives in your home.

SPECIAL NEEDS			
<input type="checkbox"/> Cannot hear (hearing disability)	<input type="checkbox"/> Cannot see well or cannot see (blind)	<input type="checkbox"/> Cannot walk around well or needs help to move around	<input type="checkbox"/> Need electricity to maintain life.
<input type="checkbox"/> Need an ambulance or medical care to leave home. DESCRIBE:			
<input type="checkbox"/> Need a special vehicle to leave home (wheelchair van, etc.). DESCRIBE:			
<input type="checkbox"/> Other needs:			

The information gathered in this assessment is CONFIDENTIAL and will only be used for emergency response planning.