

Talbot County Emergency Assistance Form

www.talbotdes.org
410-770-8160
605 Port St. Easton MD 21601



To determine the special needs of county residents during an emergency, please complete the questionnaire below. Information received through the Emergency Assistance Form will be kept confidential with Talbot County Emergency Services. **Please return this form to Geneva Schaffle at 605 Port Street, Easton, MD 21601.**

What is an emergency assistance form?

Individuals who choose to fill out this form allow Talbot County Emergency Services to maintain a registry of individuals who may require assistance when evacuating in the event of an emergency.

Who qualifies for this registry?

Anyone who has unique needs that hinder or prevent them from taking protective actions on their own should complete this form. Placement on the registry gives first responders critical information they need to help those who require special assistance in an emergency evacuation.

****Please note that while we are collecting this information to better understand and plan for evacuation needs, filling out this form does not guarantee you will receive services. Your responses will help us improve our preparedness and response strategies. You should always make an emergency plan for your and your family members.**

Questions?

Please contact Talbot County Emergency Services at gschaffle@talbotcountymd.gov or 410-770-8160

Personal Information

Name _____

Phone Number _____ Email _____

Address _____

Are you deaf or hard of hearing (DOHH)? Yes No

Are you blind or low vision? Yes No

Do you have a speech disability? Yes No

Is English your first language? Yes No

Do you use a mobility device, such as a wheelchair, power chair, scooter, etc? Yes No

Are you non-ambulatory (unable to move independently)? Yes No

Are you on dialysis? Yes No

Do you need assistance walking? Yes No

Do you have access to private transportation to evacuate? Yes No

If you answered no to the above question, how many people are in your household? _____

If you need transportation, do you require specialized medical transportation or accessible transportation? (e.g. accessible van, etc.) Yes No

Are you dependent upon electricity/power for life-sustaining devices? (e.g. ventilator, dialysis machines, oxygen concentrator, CPAP, etc.) Yes No

Do you have any other special considerations or medical needs that Emergency Services should be aware of?
