

Emergency Special Needs Survey

In order to determine special needs of county residents during an emergency, please complete the questionnaire below. Information received through the Emergency Needs Survey will be maintained in a confidential database in the Emergency Operations Center. If you have any questions about this form please call the Talbot County Department of Emergency Services at (410) 770-8160.

*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.*

Has a hearing, vision, or speech disability. PLEASE DESCRIBE _____

Cannot walk without assistance. PLEASE DESCRIBE (include cane, walker, or wheel chair usage) _____

Cannot understand English and no one nearby to interpret. List language (s) spoken: _____

Needs transportation in order to evacuate. (Please include number in household) _____

Needs a special vehicle (ambulance, wheelchair accessible van, etc) in order to evacuate.

PLEASE DESCRIBE _____

Other needs (animals, other medical needs, special considerations) _____

If you checked off any items showing that you or someone in your household needs help during an emergency, **please fill out the following:**

PLEASE PRINT

Name(s): _____ Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Is it unlisted? YES NO