

WASHINGTON EMERGENCY MANAGEMENT

DISASTER & ALL HEALTH HAZARDS PLANNING

SPECIAL NEEDS AND RESOURCES ASSESSMENT SURVEY

CONTACT INFORMATION

NAME: _____

PHONE: _____

911 STREET ADDRESS: _____

PO BOX: _____

EMAIL ADDRESS: _____

OF PERSONS AT THIS ADDRESS: _____

PLEASE MARK YOUR ANSWERS BY FILLING IN THE BOX

SPECIAL NEEDS ASSESSMENT

ALL INFORMATION PROVIDED IN THIS SECTION WILL BE KEPT CONFIDENTIAL AND AVAILABLE ONLY TO LICENSED EMERGENCY MEDICAL PERSONNEL. WE WILL CONTACT YOU FOR ADDITIONAL DETAILS AS NECESSARY.

1. Do you or a family member use home oxygen equipment? YES NO _____
If so, do you have back up power such as a generator in your home? YES NO _____
If so, do you have a back up supply? YES NO How many hours/days? _____ Hours Days
2. Do you or a family member use the "LIFELINE" medical alert system with the hospital? YES NO
3. Would you or a family member require immediate assistance during an evacuation? YES NO
If so, how many persons would need assistance? _____
If so, is this due to: A Physical Disability Don't Drive
4. Would you or a family member require assistance to travel to a POD located in the Town of Washington? YES NO
If so, how many persons would need assistance? _____
If so, is this due to: A Physical Disability Don't Drive
5. Do you or a family member have a medical or physical condition that would prohibit any type of travel except by ambulance or wheel chair van? _____ YES NO
6. Are you or a family member Hearing Impaired? _____ YES NO
7. Are there any language barriers that would require the services on an interpreter? YES NO
8. The Washington Emergency Management Office maintains a "Resident Emergency List" for use during times of Power Outages and Severe Weather Events. During such an event, a staff member at the emergency. Would you like to be added to the "Resident Emergency List" YES NO
9. Any other medical condition(s) _____

SOURCES ASSESSMENT SURVEY

PLEASE PROVIDE YOUR CONTACT INFORMATION AGAIN AS PAGE ONE OF THIS SURVEY
WILL BE REMOVED AND KEPT IN A SEPARATE CONFIDENTIAL FILE - THANK YOU

CONTACT INFORMATION

NAME: _____ PHONE: _____
911 STREET ADDRESS: _____ PO BOX: _____
EMAIL ADDRESS: _____ # OF PERSONS AT THIS ADDRESS: _____

1. Have you had any specific medical training?

YES NO

Is so, in what field?

MEDICAL RESOURCES ASSESSMENT

<input type="radio"/>	M.D.	<input type="radio"/> PRACTICING	<input type="radio"/> RETIRED	
<input type="radio"/>	D.M.D.	<input type="radio"/> PRACTICING	<input type="radio"/> RETIRED	
<input type="radio"/>	O.D.	<input type="radio"/> PRACTICING	<input type="radio"/> RETIRED	
<input type="radio"/>	D.V.M.	<input type="radio"/> PRACTICING	<input type="radio"/> RETIRED	
<input type="radio"/>	NURSING	<input type="radio"/> PRACTICING	<input type="radio"/> RETIRED	
<input type="radio"/>	EMT-P	<input type="radio"/> PRACTICING	<input type="radio"/> CERTIFICATION EXPIRED	
<input type="radio"/>	EMT-I	<input type="radio"/> PRACTICING	<input type="radio"/> CERTIFICATION EXPIRED	
<input type="radio"/>	EMT-B	<input type="radio"/> PRACTICING	<input type="radio"/> CERTIFICATION EXPIRED	
<input type="radio"/>	FIRST RESPONDER	<input type="radio"/> PRACTICING	<input type="radio"/> CERTIFICATION EXPIRED	
<input type="radio"/>	FIRST AID	<input type="radio"/> PRACTICING	<input type="radio"/> CERTIFICATION EXPIRED	
<input type="radio"/>	CPR	<input type="radio"/> PRACTICING	<input type="radio"/> CERTIFICATION EXPIRED	
<input type="radio"/>	MENTAL HEALTH	<input type="radio"/> PRACTICING	<input type="radio"/> CERTIFICATION EXPIRED	<input type="radio"/> RETIRED
<input type="radio"/>	C.I.S.D.	<input type="radio"/> PRACTICING	<input type="radio"/> CERTIFICATION EXPIRED	<input type="radio"/> RETIRED
<input type="radio"/>	HEALTH/SAFETY	<input type="radio"/> PRACTICING	<input type="radio"/> CERTIFICATION EXPIRED	<input type="radio"/> RETIRED
<input type="radio"/>	OTHER _____	<input type="radio"/> PRACTICING	<input type="radio"/> RETIRED	<input type="radio"/> NOT CERTIFIED

2. If you have had medical training, would you be willing to volunteer a POD site?

3. If you have had medical training, YES NO

4. If you have no formal medical training YES NO
for insulin or other medications?

YES NO

VOLUNTEER RESOURCES ASSESSMENT

1. Do you belong to any volunteer organizations involved in disaster relief?

If so, please list: _____

2. IF TRAINING IS PROVIDED, WOULD YOU BE INTERESTED IN SERVING AS A VOLUNTEER:

In some capacity at the Washington POD site?

YES NO

As a staff member of the Washington Emergency Operations Center?

In some capacity at Washington's Emergency Shelter?

YES NO

As part of the EOC staff for the "Resident Emergency List"?

YES NO

YES NO

Other areas, please list:

3. WITH THE TRAINING OR KNOWLEDGE YOU ALREADY HAVE, WOULD YOU BE WILLING TO VOLUNTEER IN THE FOLLOWING AREAS IF NEEDED?

- Police/Security
- Food Preparation
- Communications - Phone
- Heating Systems
- Transportation
- Other areas, please list:
- Heavy Equipment Operator
- Clerical Support
- Communications - Two Way Radio
- Electrical Systems - Electrician
- Hazards Planning
- Logging/Chainsaw Operator
- Equipment Maintenance
- Plumbing
- Clerical
- IT Systems
- Truck Driver
- Food & Supply Operations
- Communications - HAM Radio
- Child/Adult Care
- Bilingual / Interpreter

EQUIPMENT RESOURCE ASSESSMENT

1. Do you have any of the following equipment, readily available, that could be used during an emergency? Please indicate if you would be willing to contract you equipment and/or services to the Town with an operator, or supply the equipment without charge.

<input type="radio"/> Dump Truck (s)	Quantity: _____	Size: _____	<input type="radio"/> Contract	<input type="radio"/> No Charge	<input type="radio"/> W / Operator
<input type="radio"/> Back Hoe (s)	Quantity: _____	Size: _____	<input type="radio"/> Contract	<input type="radio"/> No Charge	<input type="radio"/> W / Operator
<input type="radio"/> Excavator (s)	Quantity: _____	Size: _____	<input type="radio"/> Contract	<input type="radio"/> No Charge	<input type="radio"/> W / Operator
<input type="radio"/> Loader (s)	Quantity: _____	Size: _____	<input type="radio"/> Contract	<input type="radio"/> No Charge	<input type="radio"/> W / Operator
<input type="radio"/> Bulldozer (s)	Quantity: _____	Size: _____	<input type="radio"/> Contract	<input type="radio"/> No Charge	<input type="radio"/> W / Operator
<input type="radio"/> Tank Truck (s)	Quantity: _____	Size: _____	<input type="radio"/> Contract	<input type="radio"/> No Charge	<input type="radio"/> W / Operator
<input type="radio"/> Flat Bed Trailer (s)	Quantity: _____	Size: _____	<input type="radio"/> Contract	<input type="radio"/> No Charge	<input type="radio"/> W / Operator
<input type="radio"/> Livestock Trailer (s)	Quantity: _____	Size: _____	<input type="radio"/> Contract	<input type="radio"/> No Charge	<input type="radio"/> W / Operator
<input type="radio"/> Utility Trailer (s)	Quantity: _____	Size: _____	<input type="radio"/> Contract	<input type="radio"/> No Charge	<input type="radio"/> W / Operator

<input type="checkbox"/> Skidder (s)	Quantity: _____	Size: _____	<input type="checkbox"/> Contract	<input type="checkbox"/> No Charge	<input type="checkbox"/> W / Operator
<input type="checkbox"/> Boom Truck (s)	Quantity: _____	Size: _____	<input type="checkbox"/> Contract	<input type="checkbox"/> No Charge	<input type="checkbox"/> W / Operator
<input type="checkbox"/> Chipper (s)	Quantity: _____	Size: _____	<input type="checkbox"/> Contract	<input type="checkbox"/> No Charge	<input type="checkbox"/> W / Operator
<input type="checkbox"/> Snow Plow (s) - HWY	Quantity: _____	Size: _____	<input type="checkbox"/> Contract	<input type="checkbox"/> No Charge	<input type="checkbox"/> W / Operator
<input type="checkbox"/> Sander (s) - HWY	Quantity: _____	Size: _____	<input type="checkbox"/> Contract	<input type="checkbox"/> No Charge	<input type="checkbox"/> W / Operator
<input type="checkbox"/> Generator (s)	Quantity: _____	Size: _____	<input type="checkbox"/> Contract	<input type="checkbox"/> No Charge	<input type="checkbox"/> W / Operator
<input type="checkbox"/> Portable Heater (s)	Quantity: _____	Size: _____	<input type="checkbox"/> Contract	<input type="checkbox"/> No Charge	<input type="checkbox"/> W / Operator
<input type="checkbox"/> Other, Please List	_____	_____	<input type="checkbox"/> Contract	<input type="checkbox"/> No Charge	<input type="checkbox"/> W / Operator
<input type="checkbox"/> Other, Please List	_____	_____	<input type="checkbox"/> Contract	<input type="checkbox"/> No Charge	<input type="checkbox"/> W / Operator
<input type="checkbox"/> Other, Please List	_____	_____	<input type="checkbox"/> Contract	<input type="checkbox"/> No Charge	<input type="checkbox"/> W / Operator
<input type="checkbox"/> Other, Please List	_____	_____	<input type="checkbox"/> Contract	<input type="checkbox"/> No Charge	<input type="checkbox"/> W / Operator

SUPPLIES & SHELTER RESOURCE ASSESSMENT

1. Do you have any of the following supplies, readily available, that could be used during an emergency?

Please indicate if you would be willing to donate the supplies to the Town or if you would require reimbursement.

<input type="checkbox"/> Bulk Heating Oil	Quantity: _____	Type or Size: N/A	<input type="checkbox"/> Donation	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> Bulk Gasoline	Quantity: _____	Type or Size: N/A	<input type="checkbox"/> Donation	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> Bulk Diesel	Quantity: _____	Type or Size: N/A	<input type="checkbox"/> Donation	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> Propane Cyl. 20lb +	Quantity: _____	Type or Size: _____	<input type="checkbox"/> Donation	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> Cord Wood	Quantity: _____	Type or Size: N/A	<input type="checkbox"/> Donation	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> Food	Quantity: _____	Type or Size: _____	<input type="checkbox"/> Donation	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> Food	Quantity: _____	Type or Size: _____	<input type="checkbox"/> Donation	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> Food	Quantity: _____	Type or Size: _____	<input type="checkbox"/> Donation	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> Clothing	Quantity: _____	Type or Size: _____	<input type="checkbox"/> Donation	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> Clothing	Quantity: _____	Type or Size: _____	<input type="checkbox"/> Donation	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> Clothing	Quantity: _____	Type or Size: _____	<input type="checkbox"/> Donation	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> Blankets	Quantity: _____	Type or Size: _____	<input type="checkbox"/> Donation	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> Sleeping Bags	Quantity: _____	Type or Size: _____	<input type="checkbox"/> Donation	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> Bedding	Quantity: _____	Type or Size: _____	<input type="checkbox"/> Donation	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> Paper Products	Quantity: _____	Type or Size: _____	<input type="checkbox"/> Donation	<input type="checkbox"/> Reimbursement

<input type="checkbox"/> Paper Products	Quantity: _____	Type or Size: _____	<input type="checkbox"/> Donation	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> Medical Supplies	Quantity: _____	Type or Size: _____	<input type="checkbox"/> Donation	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> Animal Supplies	Quantity: _____	Type or Size: _____	<input type="checkbox"/> Donation	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> Pet Foods	Quantity: _____	Type or Size: _____	<input type="checkbox"/> Donation	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> _____	Quantity: _____	Type or Size: _____	<input type="checkbox"/> Donation	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> _____	Quantity: _____	Type or Size: _____	<input type="checkbox"/> Donation	<input type="checkbox"/> Reimbursement
<input type="checkbox"/> _____	Quantity: _____	Type or Size: _____	<input type="checkbox"/> Donation	<input type="checkbox"/> Reimbursement

2. Do you have any of the following items, readily available, that could be loaned to the Town during an emergency?

<input type="checkbox"/> Camping Trailer	Quantity: _____	Type or Size: _____
<input type="checkbox"/> Cots	Quantity: _____	Type or Size: _____
<input type="checkbox"/> Camping Stove	Quantity: _____	Type or Size: _____
<input type="checkbox"/> Camping Lantern	Quantity: _____	Type or Size: _____
<input type="checkbox"/> Boat	Quantity: _____	Type or Size: _____
<input type="checkbox"/> ATV 4X4	Quantity: _____	Type or Size: _____
<input type="checkbox"/> Snow Mobile	Quantity: _____	Type or Size: _____
_____	Quantity: _____	Type or Size: _____

3. During an evacuation would you be willing to open your home as a shelter?

If so, how many people could you accommodate?

_____ For how many days? _____

4. During an evacuation would you be able to care for someone's pets or livestock?

YES NO

5. During an emergency, without power, can you shelter in your home for three days or more?

YES NO

6. Would you be interested in a local training session on emergency planning for your family that would include creating a family emergency plan and emergency supply kits?

YES NO

Please provide any additional comments or questions on a separate sheet.

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS SURVEY

n Emergency Management Team
 7Halfmoon Pond Rd
 Washington, N.H. 03280