

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 Cecil County Department of Emergency Services at **(410) 996-5350**.

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

(Fold Here)



MAIL TO:

Cecil County Department of Emergency Services
107 Chesapeake Blvd., Suite 108
Elkton, MD 21921