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