Park County Emergency Evacuation Assistance Survey

Please send completed survey to: Park County OEM, PO Box 27, Fairplay CO 80440

This survey is for informational purposes only. Park County does not assume responsibility for providing transportation during evacuation situations. If you have special evacuation needs, please make prior arrangements to ensure your safety during a disaster or large-scale emergency. The purpose of this form is to determine an approximate number of citizens requiring evacuation assistance and to determine which types of assistance are most commonly needed. This survey will greatly assist the Local Emergency Planning Commission with further evacuation planning. Thank you in advance for your participation.

Date: ________________________

Resident Information:

Only the person with special evacuation needs should fill out this form. Please print clearly.

Name: ____ Gender: M or F

Last First MI (Circle One)

Home Address: _______________________________________ Apt. ______ Bldg. ___________

City: ____ Zip Code: ___________________

Mailing Address (if different): ____

Telephone: _________________________ Hearing Impaired TTD # _________________________

Age: _____________ Language Spoken: __________________ Veteran: ☐ Yes ☐ No

Residence Type: Year-Round _________ Part-time Resident _________

- ☐ Single Family Home — Subdivision Name: ____________________________________
- ☐ Mobile Home / Trailer — Park Name: ____
- ☐ Apartment / Condo — Complex Name: _____________________ Floor: ___________

Transportation Information:

Would you need transportation in the case of an emergency evacuation? ☐ Yes ☐ No

If yes, please check one of the following modes of transportation that would be needed:

☐ Car / Bus ☐ Wheelchair Van ☐ Ambulance

Equipment your life depends on that must be transported with you: ____________________________

____

Does this equipment require electricity? ____

Pet / Service Animal Information: ☐ None ____Cat ____ Dog _____ Other (please list # of each)

Have you made arrangements to shelter your pet in an emergency? ☐ Yes ☐ No

Do you have a pet carrier for each animal? ________________________

Emergency Contacts:

(Local) Name: ____ Phone: ________________________

(Non-Local) Name: ____ Phone: ________________________

Medical / Nursing Information

______ I take care of myself at home Citizen is: ☐ Hard of hearing ☐ Quadriplegic

______ I utilize part time nursing help at home. ☐ Blind ☐ Paraplegic

______ I am unable to care for myself at home ☐ On a Ventilator ☐ Other ____________

Home Health Agency providing home care: __________________________ Phone #: _________________

Do you have a caregiver that would be with you during an evacuation? ☐ Yes ☐ No

What type of assistance do you require on a daily basis? (Check all that apply)

☐ Personal care (dressing/toileting) ☐ Mobility (walking/transferring) ☐ Taking Meds

☐ Guidance (visual impairment) ☐ Airway Suctioning ☐ Feeding

☐ Communicating (deaf/nonverbal) ☐ Oxygen (Intermittent/Continuous ☐ Dialysis

☐ Skilled medical/mental healthcare ☐ Other: ____

Do you use medical equipment requiring electricity? ☐ Yes ☐ No

Intermittent or Continuous? ________ Oxygen Company: ____________________ Phone #:___________

Specific equipment requiring electricity: ____

IMPORTANT NOTICE AND STATEMENT OF UNDERSTANDING

The information contained herein is true and correct to the best of my knowledge. I have read and understand the information on this form and understand that this survey is voluntary.

I understand that:

- ✓ I am responsible to PROVIDE FOR MY OWN BASIC AND SPECIAL NEEDS.
- ✓ LIMITED volunteer assistance may be available to assist me and/or my caregiver in the event that a shelter is opened.
- ✓ I will need to make alternative arrangements in the event that I am unable to return to my home after the incident.
- ✓ I will be responsible for any charges and costs associated with a hospital or other medical facility including care and medical transportation, if they should become needed.
- ✓ TRANSPORTATION: I may be ordered or recommended to evacuate my residence. All attempts will be made to provide assistance in emergency evacuations, however this service is not guaranteed. If transportation is available, all attempts will be made to give advance notice by phone of the date and time to expect to be picked up for transport to a shelter. IF I DECLINE TRANSPORTATION when the transporter arrives, I understand that I may not have another opportunity to request this service.

I understand that this survey is voluntary and this information will be maintained at the Park County Office of Emergency Management. I also understand this information may be used during the planning process for emergency evacuations.

____ ____________________________

Signature of Registrant or Legal Guardian Date