

## EMERGENCY PREPAREDNESS INFORMATION FORM

Today's Date: \_\_\_\_\_

\*\*\*\*\*If you need assistance in filling out this form please call the Outreach department  
At 508-430-7551.

In the event of an emergency, it is suggested that you have some form of identification on your person that identifies your name and special needs such as: Diabetes, Memory Impairment, Allergies, Epilepsy, etc. this may be in the form of an I.D. bracelet.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Off Cape Contact name and number \_\_\_\_\_

Relationship to you? \_\_\_\_\_

1. In an emergency, do you wish us to contact you or do a well being check on you to make sure you are okay? Yes No
2. If you needed to be evacuated, do you have transportation to leave your home? Yes No
3. If you have transportation to leave your home, do you need assistance to do so? Yes No
4. If you were evacuated, who would you want us to contact to inform where you are? \_\_\_\_\_ relationship? \_\_\_\_\_ phone # \_\_\_\_\_
5. Do you have any **medical needs** ie: oxygen, electric bed, wheelchair, vision/hearing impairment? If yes, please list them for us. Yes No \_\_\_\_\_
6. Do you or anyone in your home have memory impairment, mental health issues, or cognitive difficulties? Yes No who \_\_\_\_\_  
What impairment \_\_\_\_\_
5. Do you have any pets in the home? Yes No What kind? \_\_\_\_\_  
You must have a photo of your pet ready if you are evacuated along with a record on paper of your pet's immunizations. **This is required at all shelters.**
6. Do you have an updated File of Life? Yes No
7. Do you have an emergency preparedness kit ready in your home? Yes No **The kit may include such items as: File of Life, eye glasses, hearing aide batteries, phone/address book, flashlight, paper and pen, bottles of water, 3 days supply of meds, copy of homeowner insurance, Social Security Annual benefits letter, change for a pay phone, etc.**
8. Do you have a C.A.P.E. Bag (Carry All Personal Essentials Bag)? Yes No  
If yes where is it kept at all times \_\_\_\_\_
9. Do you have any important dietary concerns? Yes No  
What are they \_\_\_\_\_?
10. Do you currently use a mail order program for your prescriptions? Yes No

THE ONLY PERSONNEL WITH ACCESS TO THIS FORM ARE POLICE, FIRE, AND THE  
COUNCIL ON AGING

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