

Town of Duxbury Council on Aging Town of Duxbury Emergency Preparedness

INFORMATIONAL SURVEY FOR DISASTER RELIEF ASSISTANCE IN CASE OF EVACUATION

If you or other senior or disabled members of your household will need assistance in the event of an emergency situation please fill out the form below. This information will be used to assist us in preparing to meet your needs should evacuation from your home be necessary.

Name _____ Date of Birth _____ Home Phone _____
Address: _____ Cell Phone _____

- Full time residents Part-time resident (_____ months living in Duxbury)

Alternate Emergency Contact (*relative, friend or neighbor to call if we can't reach you*):

Name _____ Relationship _____
Telephone (day) _____ Telephone (evening) _____

Assistance needed:

- Deaf (or hearing impaired) TTY Telephone Number
 Blind or sight impaired Seeing-eye dog
 Confined to bed Use wheelchair: Manual Battery-powered Use walker
 Transportation (in case of evacuation from home) Need assistance getting on a van/bus
 Cognitive Impairment
 Require electric powered devices Oxygen Other (specify): _____
 I (we) have a pet(s)? Weight of pet(s): _____

Other concerns (be specific) _____

Medical conditions _____

List prescription meds and supplies on back of form you will need to bring with you

Primary Physician _____ Telephone Number _____

This form will remain confidential and will only be shared with authorized personnel in the case of an emergency/disaster.

Please return this form to: Duxbury Senior Center 10 Mayflower Street, Duxbury, MA 02332