

**Wicomico County Department of Emergency Services**

**EMERGENCY SPECIAL NEEDS**

The Department of Emergency Services (DES) is concerned for those individuals in our community who may have special needs during emergency situations. As part of our planning process, the DES is attempting to obtain information about these individuals. Please complete and return the *Emergency Special Needs Survey* below if appropriate. This will allow the DES to contact individuals completing the survey to aid them in preparing for an emergency. The survey does not imply that the Wicomico County DES, departments, personnel, and mutual-aid agencies will provide any special responses to the recorded address. The goal is to assist those residents in making a pre-planned family/individual emergency preparedness plan.

**Emergency Special Needs Survey**

In order to determine the special needs of county residents during an emergency, please complete the questionnaire below. Information received through the *Emergency Special Needs Survey*, may be maintained in a confidential database by the DES Emergency Management Division. If you have any questions about this form please call the DES Emergency Management Division at **410-548-4820**.

*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.*

- Cannot hear (hearing disability).
- Cannot see well or cannot see (blind).
- Cannot walk around well or needs help to move around.
- Cannot understand English and no one nearby to interpret.

List language(s) spoken:

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- Need an ambulance or medical care to leave home. DESCRIBE:

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- Need a special vehicle to leave home (wheelchair van etc.). DESCRIBE:

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- Need a ride (transportation not available or cannot ride with a friend, family or neighbor).

Number of persons needing a ride: \_\_\_\_\_

- Other needs:

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

Name/Telephone Number of person, completing form:

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**Return Form To:** Wicomico County Dept. of Emergency Services  
Emergency Management Division  
411 Naylor Mill Road, Suite 200  
Salisbury, MD 21801