

Park County Emergency Evacuation Assistance Survey

Please send completed survey to: Park County OEM, PO Box 1373, 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