

Marblehead Emergency Management EMERGENCY ASSISTANCE FORM

Fill out one form for every family member that requires assistance

Name
Street Telephone
Emergency contact: Emergency contact phone:
Primary Doctor Doctor's Phone #
Pharmacy Name Pharmacy's Phone #
<p>I understand that I am not required to fill out or return this form.</p> <p>I give permission for the Information I provide on this form to be used for Marblehead's emergency and disaster management planning.</p> <p>I understand this Information may be shared with the police and fire departments and the Health Department</p> <p><i>SIGN HERE:</i></p>

Please return form to:
Marblehead COA, 10 Humphrey Street, Marblehead, MA. 01945

CHECK IF TRUE	MY OWN EMERGENCY PREPARATION	CHECK IF TRUE	IF I WAS TOLD TO LEAVE MY HOME BECAUSE OF AN EMERGENCY:
()	I have a <i>File of Life</i> posted on my refrigerator.	()	I would stay with family or friends <input type="checkbox"/> in Marblehead <input type="checkbox"/> outside of Marblehead
()	I have a smoke detector on every level of my home.	()	I would go to a hotel/motel.
()	I have a carbon monoxide detector on every level of my home.	()	I would rely on Marblehead to provide a shelter.
()	The street number on my house is easy to see from the street at night.	()	I would need help to leave my home. I can ride in a regular van.
()	My house is hard to find.	()	I would need help to leave my home. I need a wheelchair van.
()	I would need help if my electricity didn't work for a few days. (no lights or TV, no stove or heat)	()	I would need help to leave my home. I use special medical equipment and need an ambulance.
()	I have an emergency plan for my pet.	()	I know what to take with me.
()	I have a service animal/pet.	()	I would never leave my home.
()	I have an emergency kit (flashlight, radio, batteries, and other items).	()	I cannot order new prescriptions unless I am almost done with the current one.
()	I know how to shelter-in-place in my own home.	()	I rely on street drugs or alcohol, therefore need special care in a shelter.

Marblehead Emergency Management Form

CHECK IF TRUE	MY HEALTH	CHECK IF TRUE	MY HEALTH
<input type="checkbox"/>	I use life saving prescriptions.	<input type="checkbox"/>	I use a feeding tube.
<input type="checkbox"/>	I need a medically prescribed diet.	<input type="checkbox"/>	I use life support equipment.
<input type="checkbox"/>	I use a dialysis machine at home.	<input type="checkbox"/>	I use a suction unit.
<input type="checkbox"/>	I get dialysis at a medical facility.	<input type="checkbox"/>	I use an oxygen unit.
<input type="checkbox"/>	I have trouble getting out to shop for food and other necessary things	<input type="checkbox"/>	I rely on medical equipment that requires electricity.
<input type="checkbox"/>	I get so cold in the winter, I worry I will get sick.	<input type="checkbox"/>	I rely on equipment that requires electricity but I do not have a backup generator.
<input type="checkbox"/>	I get so hot in the summer, I worry I will get sick.	<input type="checkbox"/>	I need help with daily living activities. (dressing, eating, toileting)
<input type="checkbox"/>	I would like Meals-on-Wheels to deliver meals to me.	<input type="checkbox"/>	I have a caregiver, someone takes care of me part or all of the time.
<input type="checkbox"/>	I have a mental health issue.	<input type="checkbox"/>	No one checks on me. I could be very sick and no one would know it.
<input type="checkbox"/>	I have severe or life threatening allergies.	<input type="checkbox"/>	I am a caregiver, I take care of another person.
<input type="checkbox"/>	I have a contagious condition or disease.	<input type="checkbox"/>	I take care of another person and it is wearing me out.
<input type="checkbox"/>	English is not my first language. My language is:	<input type="checkbox"/>	If I got sick, no one would take care of the person I care for.
<input type="checkbox"/>	I communicate with ASL. (American Sign Language)	<input type="checkbox"/>	I check the on health and safety of someone who lives outside of Marblehead.
<input type="checkbox"/>	I communicate with a TDD.	<input type="checkbox"/>	I have a family member who wanders away from home.
<input type="checkbox"/>	I need a TDD.	<input type="checkbox"/>	I need help with my children.
<input type="checkbox"/>	I communicate by fax. My number is:	<input type="checkbox"/>	I am a senior citizen and I am bringing up my grandchildren.
<input type="checkbox"/>	I use a Communications Board.	<input type="checkbox"/>	I weigh over 300 pounds.
<input type="checkbox"/>	I use a hearing aid {cochlear implant (RNCI) telephone device.	<input type="checkbox"/>	I would like to volunteer. Please call me.
<input type="checkbox"/>	I have an impairment that makes receiving emergency information difficult.	<input type="checkbox"/>	It Is OK for someone to call me If additional information is needed.
<input type="checkbox"/>	I attached additional Information	<input type="checkbox"/>	I need special care, please call me.