

# WASHINGTON EMERGENCY MANAGEMENT

## DISASTER & ALL HEALTH HAZARDS PLANNING

### Contact information:

Names: \_\_\_\_\_ Phone \_\_\_\_\_

911 Street Address \_\_\_\_\_ P O Box \_\_\_\_\_

Number of persons at this address: \_\_\_\_\_

Circle your answers and mail to: 7 Halfmoon Pond Rd.  
Washington, NH

### Special Needs Assessment: ALL INFORMATION PROVIDED IN THIS SECTION WILL BE KEPT CONFIDENTIAL AND AVAILABLE ONLY TO LICENSED EMERGENCY MEDICAL PERSON.

1. Do you or a family member use home oxygen equipment?      Yes    No  
Do you have back-up power/generator?                              Yes    No  
How many hours or days              Hours \_\_\_\_\_ Days \_\_\_\_\_

2. In the past three years, how often have you gone to a hospital emergency room for medical care?

Never      1 to 3 times      3 to 6 times      more than 6 times

3. Since living in Washington or recovering from a hospital stay have you used the services of a visiting nurse?              Yes                              No

If yes, where was the VN from?              Concord      New London  
Peterborough      Sullivan County      Other \_\_\_\_\_

4. If minor medical services were available to you in your home through the Rescue Squad, would you use those services?      Yes                              No

5. Would you or a family member require immediate assistance during an evacuation or getting to a shelter?              Yes                              No

6. Is any family member Hearing Impaired?              Yes                              No

7. Are there any language barriers that would require an interpreter?      Yes    No  
What language is spoken \_\_\_\_\_ Do you sign \_\_\_\_\_

The Washington Emergency Team maintains a "Resident Emergency List" for use during times of power outages and severe weather events. During such an event, a staff member at the Emergency Operations Center (EOC) will contact you by phone or in person every few hours to check on your well-being, see if you have any immediate needs and keep you up to date with the emergency. If you know of others who may need assistance, please share this information.

An Emergency Assistance Request form can be found on the towns Web site, under the Health Officer section, and needs to be filled out and returned to the Emergency Management Team. ALL INFORMATION IS STRICTLY CONFIDENTIAL AND ONLY FOR USE DURING AN ACTUAL EMERGENCY.

**PERSONAL RESOURCESES:**

Page 2 Contact Information:

Name: \_\_\_\_\_

1. Have you had any specific medical training?            Yes            No\_

**MEDICAL RESOURCES ASSESSMENT:**

M.D.	Practicing	Retired
D.M.D	Practicing	Retired
O.D.	Practicing	Retired
D.V.M	Practicing	Retired
R.N.	Practicing	Retired
EMT-P	Practicing	Cert. Exp.
EMT-A	Practicing	Cert. Exp.
EMT	Practicing	Cert. Exp.
First Responder	Practicing	Cert. Exp.
First Aid	Practicing	Cert. Exp.
CPR	Practicing	Cert. Exp.
Mental Health	Practicing	Retired
C.I.S.D.	Practicing	Retired
Other _____	Practicing	Retired

2. If you have had medical training, would you be willing to volunteer at a Point of Dispensing (POD) site?            Yes            No

3. If you have medical training, would you be willing to volunteer during other emergencies?            Yes            NO

**PERSONAL SKILLS:**

**EQUIPMENT:**

Heavy Equipment Operator	Licensed	Retired
Equipment Maintenance		
Truck Driver	CDL	
Dump/Boom Truck	No Charge	W / Operator
Chipper	No Charge	W/Operator
Skidder	No Charge	W/Operator
Logging/Chainsaw (PP gear required)		W/Operator
Excavator	No Charge	W/Operator
Back Hoe	No Charge	W/Operator

Bull Dozer		No Charge	W/Operator
Snow Plow	Size_____	No Charge	Reimbursement
Sander	Size_____	No Charge	Reimbursement
Trailers	Flat Bed	Size_____	
	Livestock	Size_____	
	Utility	Size_____	
Boat(s)	# and Model_____		Loan Yes No
ATV 4 x 4 (s)	# and Model_____		Loan: Yes No
Snow Mobiles	# and Model_____		Loan: Yes No
Police/Security		Licensed	Retired
Food Preparation/Shopping		Donation	Reimbursement
Heating/Electrical Systems		Heating/Cooling	Electrical
Bilingual Interpreter/sign		Specify _____	

**SUPPLIES & SHELTER RESOURCES**

**SUPPLIES**

- |                            |           |                   |
|----------------------------|-----------|-------------------|
| 1. Bulk Heating Oil        | Donation  | Reimbursement     |
| 2. Bulk Gasoline           | Donation  | Reimbursement     |
| 3. Bulk Diesel             | Donation  | Reimbursement     |
| 4. Propane Cyl. 20lb+      | Donation  | Reimbursement     |
| 5. Food General            | Donation  | Reimbursement     |
| 6. Food Preparation        | Donation  | Reimbursement     |
| 7. Blankets Size_____      | Donation  | Reimbursement     |
| 8. Sleeping Bags Size_____ | Donation  | Reimbursement     |
| 9. Paper Products          | Donation  | Reimbursement     |
| 10. Clerical Support       | Volunteer |                   |
| 11. Communication – Ham    | Volunteer |                   |
| 12. Communication – Radio  | Volunteer |                   |
| 13. IT Systems             | Volunteer |                   |
| 14. Child Care             | Shelter   | Home              |
| 15. Transportation         | Volunteer | Gas Reimbursement |

**SHELTERING**

- |                    |                  |               |
|--------------------|------------------|---------------|
| 1. Camping Trailer | Loan             | On Off Site   |
| 2. Camping Tent    | Loan             | On Off Site   |
| 3. Cots            | # Available_____ |               |
| 4. In Home         | # Persons _____  | # Days_____   |
| 5. Animal Shelter  | Pets             | Large Animals |