Salisbury Emergency Management
Functional Needs Assessment of Residents

Residents are recommended to prepare a shelter in place emergency kit for 72 hours (3 days). This includes food, water, medication, alternative heat and electrical sources, and more. **See https://www.readynh.gov for information and resources.** During a disaster or an emergency, people with functional needs may require assistance with communication, medical support, or transportation. This voluntary assessment is part of an annual program through the Salisbury Emergency Management Department in a joint effort with the Police Department, Fire Department and Rescue Squad to identify people who may need specialized assistance in the event of an emergency.

If you or someone you know needs individual help, it is important for you to let our office know. Just fill in the information and return the form. If you have any questions concerning your need for assistance during an emergency or if you are concerned about someone you know who may need specialized emergency help, call the Salisbury Fire Department (603-648-xxxx).

Completion and submission of this assessment does not guarantee services and should not take the place of personal preparation. Remember, in an emergency, you will be better prepared if you know how to help yourself and others, as well as how to receive help from others. If you or someone you know needs individual help in an emergency, it is very important for you to let us know. This assessment will be conducted annually. Thank You!

This information will be kept **confidential** by the Town of Salisbury Emergency Management. PLEASE complete the survey and return it to the address below:

Salisbury Emergency Management Department
Fire Department
273 Old Turnpike Road
Salisbury, 03268

Today's Date	

Contact Information

First Name [PRINT]		**Last Name [PRINT]**	
Street Address			
Town, State Zip			
Cell Phone		**Home Phone**	
Email Address 1		**Email Address 2**	
What is your living situation?	☐ **Live with Spouse** ☐ **Live with Care Giver** ☐ **Live with Children** ☐ **Live Alone**		
	☐ **Other [specify]:**		
Primary Language Spoken			

☐ **Receive Home Health Care Services**	**If yes, provide the following information.**	**Provider Group (if any):**	

NAME		PHONE	

Functional and Medical Needs

Please check all that are applicable and specify where indicated:

☐ Vision Disability	☐ Deaf or Hard of Hearing	☐ Cognitive Disability	☐ Mental Health Disability
☐ Breathing Problems and/or Respirator Use	☐ On Dialysis	☐ Feeding Tube	☐ Intravenous Line
☐ Foley Catheter	☐ Diabetes and/or Uses Insulin	☐ Cardiac (Heart) Problems	☐ Ostomy
☐ Substance Addiction or Dependence [Specify]:			
☐ Allergies [Specify]:			
☐ Limited Mobility and Uses Mobility Equipment [Specify]:			
☐ Requires Use of a Service Animal [Describe}:			
☐ Use Oxygen [Specify Equipment Type, Brand]:			
☐ Other Physical Conditions Not Listed Here [Specify]:			
☐ Use of Bed or Wheelchair [Specify Type]:	☐ Standard ☐ Pediatric	☐ Motorized ☐ Reclining	☐ Oversized

Transportation Needs

Please check all that are applicable and specify where indicated:

Can you transfer to a seat for transport?	☐ Yes	☐ No
☐ Need Wheelchair Accessible Vehicle	☐ Need Ambulance	☐ Need a Ride in Passenger Vehicle
☐ Other Transportation Needs Not Listed Here [Specify]:		

Communication Needs

Please check all that are applicable and specify where indicated:

Can you speak your needs to responders?	☐ Yes	☐ No
☐ Need Language Interpreter	☐ Need Sign Language Interpreter	☐ Need Individualized Notification
☐ Other Communication Needs Not Listed Here [Specify]:		

Pet Needs

Please check all that are applicable and specify where indicated:

Name of Pet			
Type of Animal [Specify]:		**Breed [Specify]:**	
Approx. Weight in pounds:		**Supplies:**	☐ Leash ☐ Muzzle ☐ Collar
Transport Pet with:	☐ Carrier ☐ Crate ☐ Cage ☐ Tank		
☐ **Other Pet Needs or Information Not Listed Here [Specify]:**			

Emergency Contact Information

#1 First Name [PRINT]		**Last Name [PRINT]**	
Street Address			
Town, State Zip			
Cell Phone		**Home Phone**	
Email Address 1		**Email Address 2**	

#2 First Name [PRINT]		**Last Name [PRINT]**	
Street Address			
Town, State Zip			
Cell Phone		**Home Phone**	
Email Address 1		**Email Address 2**	