



Bellingham Emergency Management Agency

2006 EMERGENCY ASSISTANCE FORM

Fill out one form for every family member that requires assistance

Name		Date of Birth	
Street		Telephone	
Emergency contact		Emergency contact phone	
Primary Doctor		Doctor's Phone #	
Pharmacy Name		Pharmacy's Town	

I understand that I am not required to fill out or return this form.

I give permission for the information I provide on this form to be used for Bellingham's emergency and disaster management planning.

I understand this information may be shared with the police and fire departments.

SIGN HERE:

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 outside of Bellingham.
()	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 Bellingham 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.



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



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