



## Fort Bend County Special Needs Awareness Program 2010

Mail To:

Fort Bend County Health & Human Services  
4520 Reading Road, Suite A, Rosenberg, TX 77471

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**The following survey will assist Fort Bend County departments, such as the Office of Emergency Management and Health & Human Services, plan how to assist people with special needs in the county during an emergency or natural disaster.**

**This survey form is not a request for hurricane evacuation transportation, since Fort Bend County is not an evacuation county. However, if severe weather is anticipated, or if there is severe wind damage or flooding after a storm, some people may need to be moved to a safer place.**

**During a disaster or an emergency, people with special needs may require assistance if they experience power outages, need medications or need medical support. This survey will help us identify people who may need assistance during an emergency and assist us in planning for such an event.**

**If you have a disability, use medical equipment at home, are hearing or vision impaired, or are elderly, and anticipate needing assistance please complete the following survey.**

**If you have any questions, please contact:**

**Fort Bend County Health & Human Services  
Special Needs Awareness Program  
4520 Reading Road, Suite A  
Rosenberg, TX 77471  
(281) 238-3233**

**Thank you for your assistance**



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## Personal Information

First Name

Last Name

Gender  Male  Female

Date of Birth

Age

Height  Weight

Street #

Street Name

Apt. #

City

County

State

Zip Code

Home Phone #

Cell Phone #

Email Address

## Special information needed for disaster preparation (please check all that apply)

Blind or sight impaired       Tracheotomy       Diabetic

Deaf or hearing impaired       Feeding Tube       Insulin Dependent

Memory Impaired       Intravenous Line       On dialysis

Mentally Health Impaired       Foley Catheter       Cardiac Problems

Respiratory Problems       Respirator dependent       Use Oxygen Daily

Does your oxygen or other medication require electricity?       Yes       No

Contagious disease       Confined to bed       Confined to wheelchair

If confined to wheelchair, what type of wheelchair do you have?

Standard       Oversized       Reclinable       Motorized       Scooter

Can you transfer to a seat for transport?       Yes       No

Other emergency equipment

Other physical or mental conditions

## In Case of Emergency:

Next of Kin / Emergency Contact Name

Next of Kin / Emergency Contact Phone #

Primary Physician Name

Primary Physician Phone #

Home Health/Hospice Agency Name

Home Health/Hospice Agency Phone #

Allergies

Primary Language

What is your living situation?

Live Alone       With Care Giver

With Spouse       Other, please specify

Do you live in a structure that would be unsafe in hurricane force winds?       Yes       No

Do you have a plan in place in case of an emergency?       Yes       No

Do you have transportation to be able to evacuate?       Yes       No

Will your care giver / spouse / companion go with you?       Yes       No

Is your primary mode of transportation by car?       Yes       No

Is your primary mode of transportation by wheel-chair van?       Yes       No

Is your primary mode of transportation by ambulance?       Yes       No

Do you have pets to evacuate with you?       Yes       No

If yes, please complete the information page 2 of this form

Person Completing Survey:

Phone #

Email Address:

Date Survey Completed



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## Pet Information:

### Pet # 1

Name:	
Type (dog, cat, etc.):	
Breed:	
Weight:	
Carrier/Cage Available?	<input type="radio"/> Yes <input type="radio"/> No
Leash Available?	<input type="radio"/> Yes <input type="radio"/> No
Muzzle Available?	<input type="radio"/> Yes <input type="radio"/> No

### Pet # 2

Name:	
Type (dog, cat, etc.):	
Breed:	
Weight:	
Carrier/Cage Available?	<input type="radio"/> Yes <input type="radio"/> No
Leash Available?	<input type="radio"/> Yes <input type="radio"/> No
Muzzle Available?	<input type="radio"/> Yes <input type="radio"/> No

### Pet # 3

Name:	
Type (dog, cat, etc.):	
Breed:	
Weight:	
Carrier/Cage Available?	<input type="radio"/> Yes <input type="radio"/> No
Leash Available?	<input type="radio"/> Yes <input type="radio"/> No
Muzzle Available?	<input type="radio"/> Yes <input type="radio"/> No

### Pet # 4

Name:	
Type (dog, cat, etc.):	
Breed:	
Weight:	
Carrier/Cage Available?	<input type="radio"/> Yes <input type="radio"/> No
Leash Available?	<input type="radio"/> Yes <input type="radio"/> No
Muzzle Available?	<input type="radio"/> Yes <input type="radio"/> No