

**SOUTH BERWICK EMERGENCY MANAGEMENT AGENCY
EMERGENCY HELP SURVEY**

If you or someone you know needs individual help during an emergency, it is important for you to let us know. Just fill in the information and return this form to:

**South Berwick Emergency Management Office
180 Main Street
South Berwick, ME 03908**

(Please Mark Envelope "CONFIDENTIAL")

If you have any questions concerning your need for specialized, individual help during an emergency or if you are concerned about someone you know who may need specialized emergency help, call: Blain Cote @ 384-2899 or Cell Phone 252-3187.

All information will be confidential and properly secured at all times.

YES, I/This person will need help in the event of an emergency:

NAME _____
ADDRESS _____
CITY AND ZIP _____
PHONE _____
TDD _____

I consider myself to be:

- Deaf or Hard of Hearing
- Blind/Low Vision
- Wheelchair user
- Confined to bed
- Other (specify) _____

Relative or person we can notify to help you in case of an emergency:

NAME _____
ADDRESS _____
PHONE (home) _____
PHONE (work) _____

Help needed:

- Need a ride
- Need a wheelchair accessible ride
- Need an ambulance for transportation
- Need individualized notification
- Need help with sheltering
- Need electricity for life support equipment (home oxygen etc.)

Person who can be called to verify information:

NAME _____ -

PHONE (home) _____ PHONE (work) _____