

**BERKS COUNTY INDIVIDUAL  
SPECIAL NEEDS SURVEY TOOL**

**DISCLAIMER**

**The Special Needs Survey (SNS) Tool is an effort by county government to better identify those in our community who are most at risk during a disaster.**

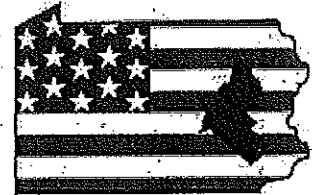
**During a disaster, the information submitted will be taken into consideration along with other variables including the scope of the incident and the resources available. All of this information collectively will be used to identify what level of assistance will be provided.**

**Completion of the Special Needs Survey DOES NOT guarantee that assistance will be available in the event of an emergency.**

## SPECIAL NEEDS SURVEY

### **East Central Pennsylvania Counter-Terrorism Task Force**

**A COOPERATIVE EFFORT OF BERKS, COLUMBIA, LUZERNE, MONTOUR,  
NORTHUMBERLAND, SCHUYKILL, AND WYOMING COUNTIES**



The East Central PA Counter Terrorism Task Force (ECPCTTF) is a cooperative effort of Berks, Columbia, Luzerne, Montour, Northumberland, Schuylkill, and Wyoming counties. Originally formed to assist member agencies in their efforts to prepare for a possible incident of terrorism in their jurisdictional areas, the task force has moved progressively towards an all hazards approach to emergency preparedness. This project, the ECPCTTF Special Needs Survey, is an example of these efforts.

For the purpose of this project, a special needs individual is someone who is pre-identified as likely to require assistance in excess of that provided to the general public in a time of disaster, particularly in the event that large scale evacuation is necessary. These special needs could include, but are not limited to, requiring specialized medical equipment, difficulty walking, blindness, deafness, or being bedridden. They could also include having no easy access to transportation, not understanding directions public safety officials will provide due to language barriers, and not being able to receive those directions due to not having access to a television or radio.

The information entered in this database will be used by emergency responders to better identify and assist those individuals in our community who may be least able to help themselves in times of disaster. The information will be held securely and only accessed for the purpose of emergency response and planning. This service is government provided and completely free of charge.

At the completion of the survey you will be asked if you would like someone from your local American Red Cross chapter to contact you to discuss personal and family emergency planning. This is an important opportunity as the first line of defense against the effects of disaster is personal preparedness. The American Red Cross will provide this service at absolutely no cost to you. However, if you answer no, we assure you that you will not be contacted. Your response to this question will in no way impact the efforts that public safety organizations will make to assist you if disaster strikes.

# SPECIAL NEEDS SURVEY

## **Personal Information for Individual with Need:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_

Does Not Have a Phone

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

County: \_\_\_\_\_ Municipality: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Height: \_\_\_\_ / \_\_\_\_ Weight: \_\_\_\_ lbs.  
(mm/dd/yyyy) (feet/inches)

## **Personal Information for Emergency Contact:**

Please provide the requested information for an individual with whom we can discuss your situation in the event that an emergency necessitates this.

I choose not to provide emergency contact information.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Primary Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Secondary Phone: (\_\_\_\_) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency contact's relationship to individual: \_\_\_\_\_

# SPECIAL NEEDS SURVEY

## **Evacuation Information:**

If there were an emergency requiring evacuation, the individual may have difficulty evacuating or being notified of the need for evacuation because of the following condition(s): (Check all that apply)

- Sight impaired
- Hearing impaired
- Speech impaired
- Mentally/memory impaired
- Completely bedridden
- Requires constant skilled nursing care
- Does not have access to a motor vehicle
- Does not have a radio or a television
- Does not have a telephone
- Other reason for needing assistance

(Please Specify): \_\_\_\_\_  
\_\_\_\_\_

### **Has difficulty walking and requires:**

- Wheelchair
- Walker/Cane
- Attendant to assist in ambulating

### **Requires medical equipment that is not easily transportable:**

- Oxygen concentrator or cylinder
- Ventilator
- Suction Machine
- Other Equipment

(Please Specify): \_\_\_\_\_  
\_\_\_\_\_

# SPECIAL NEEDS SURVEY

## Duration of Need:

Are **ALL** of the conditions resulting in the need for evacuation assistance temporary?  
(Example: The individual is bedridden due to pregnancy difficulties, but is expected to be fully recovered after the baby is delivered.)

Yes

If yes, please provide an estimated date when the condition will be resolved

Month: \_\_\_\_\_ Year: \_\_\_\_\_

No, the condition(s) are expected to be permanent

1. Does the person in need have a service animal? (i.e.: seeing-eye dog)

Yes  No

2. Does the person in need have medications that must be taken with them if evacuated?

Yes  No

3. The person in need is GENERALLY present at this address during (check all that apply):

a) \_\_\_\_\_ Daytime hours (approx. 7 AM – 3 PM)

Is there a caregiver present?

Yes  No

Does not need a caregiver

Is the caregiver a family-member?

Yes  No

Can the caregiver evacuate the person in need?

Yes  No

b) \_\_\_\_\_ Evening hours (approx. 3 PM – 11 PM)

Is there a caregiver present?

Yes  No

Does not need a caregiver

Is the caregiver a family-member?

Yes  No

Can the caregiver evacuate the person in need?

Yes  No

c) \_\_\_\_\_ Night hours (approx. 11 PM – 7 AM)

Is there a caregiver present?

Yes  No

Does not need a caregiver

Is the caregiver a family-member?

Yes  No

Can the caregiver evacuate the person in need?

Yes  No

# SPECIAL NEEDS SURVEY

## **Additional Comments / Information:**

Please enter any additional information that may be useful for our emergency personnel to evacuate this person.

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Thank you for completing the East Central PA Counter Terrorism Task Force's Special Needs Survey. The information you provided will be of great value in helping emergency responders ensure the safety of the special needs individuals in our community. It is crucial to our response efforts that the information you provide be as accurate and up to date as is possible. Completing this survey is an important step in personal preparedness for persons with special needs.

The chapter of the American Red Cross where this special needs individual resides is able to offer a great deal of information and assistance on issues of family and community disaster preparedness. The Red Cross is willing to contact special needs individuals to help them become better prepared.

THERE IS NO CHARGE FOR THIS SERVICE.

May we send the information you entered to the Red Cross?       No     Yes

If you check "No," the special needs individual WILL NOT be contacted.