

This Special Needs Survey Form will be used to collect information about people with special needs so that assistance can be provided to them during times of an emergency.

You may print the special needs survey and fill out by hand, or you may tab through the special needs survey, fill our online and print upon completion. Once you have completed the form, please mail it to:

Office of Homeland Security & Emergency Preparedness
510 East Boston Street
Covington, LA 70433

SPECIAL NEEDS SURVEY

DATE: _____

LAST NAME: _____ **FIRST NAME:** _____

SSN: _____ **DOB:** _____ **SEX:** Male [] Female []

Address: _____

Apt./ Lot No.: _____ **City:** _____ **State:** _____ **Zip:** _____

Cross Street(s): _____

Apartment or Complex Name: _____

CHECK ONE: Home: [] Apartment: [] Mobile Home: [] Other: []

TELEPHONE NO.: Home: _____ Other: _____

LANGUAGE: English: _____ Spanish: _____ Other: _____

NEXT OF KIN: _____	CAN YOU CARE FOR YOURSELF? Yes/No []
Relationship: _____	If not who does? _____
Address: _____	Relationship: _____
Home Phone: _____	Address: _____
Work Phone: _____	Home Phone: _____
Other: _____	Work Phone: _____

Physician: _____

Phone: _____

Hospital: _____

HOME HEALTH: Yes/No []	HOME HEALTH CENTER NAME: _____			
DAILY CARE REQUIREMENTS: (Check requirements that apply)				
Oxygen []	Dialysis []	Dressings []	Airway Suction []	Catheters []
Special Feeding Equipment []	Electrical Support Equipment []	IV []		
Other: _____				
MOBILITY: Walks []		Walks with Assistance []		Wheelchair []
If bedridden, can be moved in wheelchair: Yes /No []		Own Wheelchair Yes /No []		Bedridden []
OTHER DISABILITIES: Deep Wounds []		Contagious Disease []		Chronic Infections []
Other: _____				
SPECIAL REQUIREMENTS NOT LISTED ABOVE: _____				

*Please note that submission of this form DOES NOT guarantee Special Needs Shelter admission or transportation.				
This form is for planning purposes only.				

Transportation needed to evacuate: Ambulance [] Medical Van [] Car []

Patient will need electrical power assistance for medical equipment: Yes /No []

How many persons will need evacuation with patient: _____

Evacuation Destination: _____

Alternate Evacuation Destination: _____