



Grundy County Emergency Management

* * * THIS FORM PROTECTED BY PRIVACY ACT * * *

PLEASE PRINT

Name: _____
Last First

Address: _____
Street City Zip Code

Phone #: _____ - _____ - _____ Township: _____

1. Do you live in Grundy County? () Yes () No
2. Do you have a physical, cognitive, emotional or sensory impairment that makes it difficult to respond to an emergency or disaster? () Yes () No
3. Would you have difficulty walking a few blocks in an emergency? () Yes () No
4. Do you have means to be transported in an emergency (car, relative who drives)? () Yes () No
5. Do you need special accommodations to be transported (Wheelchair, ambulance)? () Yes () No
6. Do you have difficulty seeing? () Yes () No
7. Do you have a service animal? () Yes () No
8. Do you have a communication device (example-for hearing)? () Yes () No
9. Do you have a specific medical need (asthma, heart condition)? () Yes () No
10. Do you rely on technology that may not work in a disaster (oxygen, ventilator, feeding tube, suction machine nebulizer, elevator, etc)? () Yes () No
 - a. How long does the battery backup last? _____
 - b. Is the equipment portable? () Yes () No
11. Would you need medical attention outside your home if you had to evacuate? () Yes () No
12. Please explain any "yes" answers here:

Please return to Grundy County EMA, 1320 Union Street, Morris, IL 60450.