

Sheridan County Readiness Checklist for Daily Functioning Needs

Be prepared!! People who are prepared for disasters (severe weather or home emergencies) are usually safer when incidents occur than people who are not prepared. During an emergency, the general public may be advised by state or local officials to stay where they are, until the situation is no longer a threat. Families and people with special needs should be prepared to take care of themselves at home for at least three days. Your home may become your shelter.

During an emergency, don't take for granted that help will come for you. If you will need assistance during an emergency, include the people who will help you in your plan. If you are not able to stay at your home for at least three days, your personal emergency plan needs to identify who will help you get to a safe place or reception center; how these people will be contacted during an emergency; what kind of transportation you will need (vehicle with wheelchair lift, ambulance, etc); list of supplies you'll need to take when evacuating your home. Update this form yearly or when health conditions change.

Please keep a separate list of your current medications attached to this checklist.

∞ Fill out completely and keep in your emergency kit ∞

Date Completed _____ / _____ / _____
Month Day Year

Special Needs / Disabilities (mark all that apply)

- | | | |
|-----------------------------------|------------------------------|-----------------------------|
| Visually Impaired | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hearing Impaired | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Mobility Impaired | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Single Working Parent | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Non-English Speaking Person _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| People without Vehicles | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| People with Special Dietary Needs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| People with Medical Conditions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| People with Mental Retardation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| People with Dementia | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Evacuation Checklist – Communication

- | | | |
|--|------------------------------|-----------------------------|
| I need a Sign language interpreter | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I read others' lips | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| TTY or TDD (telecommunication device for the deaf) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I need Large print materials | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I need Braille material | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I need Recorded material | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I need Someone to read and explain information to me | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Additional information? _____ | | |

Evacuation Checklist – Adapting to a New Place

- I have a hard time adjusting to new places Yes No
I have a hard time adjusting to being around people I don't know Yes No
It is difficult for me to adjust to crowded and noisy rooms Yes No
I am blind or visually impaired and need someone to help orient me with the layout of the shelter Yes No
Additional information? _____

Evacuation Checklist – Medications

- I need help to remind me when to take medications Yes No
I am allergic to the following medications: Yes No
Additional information? _____

Evacuation Checklist – Medical Needs

- I have a medical condition that is unstable or another health issue that needs continual attention (example: seizures) Yes No
I need help with on-going medical therapy, such as IV therapy, catheterization, or wound care Yes No
I need essential medical supplies (diabetic needles, inhalers, oxygen, etc.) Yes No
I have a medical device implant (heart defibrillator, nerve stimulator, pacemaker, etc.) Yes No

I have environmental allergies or chemical sensitivities Yes No
I cannot tolerate excessive heat or cold Yes No
I catch illnesses easily. Yes No
Additional information? _____

Evacuation Checklist – Mobility

- I use a wheelchair or other mobility device Yes No
I can walk, but have trouble standing for extended periods Yes No
I am unable to walk and need someone to help me get into different seating or laying positions Yes No
I need a lift (i.e., Hoyer lift) to transfer me from one place to another. Yes No
Additional information? _____

Evacuation Checklist – Service Animals

- I use a service animal Yes No
What type of service animal do you have? _____
My service animal does not adapt well to emergencies Yes No
I need help while my service animal adjusts Yes No
Additional information? _____

Evacuation Checklist – Adapted and Medical Equipment

- Oxygen Yes No
- Glasses Yes No
- Cane/Walker Yes No
- Wheelchair Yes No
- Communication device Yes No
- Diabetes kit Yes No
- Ventilator Yes No
- Feeding pump Yes No
- Suction machine Yes No
- Additional information? _____

Evacuation Checklist – Using the Restroom

- I need disposable undergarments Yes No
- I need help changing undergarments Yes No
- I need an adapted toilet Yes No
- I need to be catheterized Yes No
- Additional information? _____

Evacuation Checklist – Eating and Drinking

- I need special formula Yes No
- I need modified plates or silverware Yes No
- I need straws or modified cups Yes No
- I have food allergies Yes No
- I need special food because of an illness Yes No
- (identify dietary need) _____
- Additional information? _____

Evacuation Checklist – Bathing, Dressing and Grooming

- I need help taking a shower or bath Yes No
- I need help buttoning or fastening clothes Yes No
- I need help with grooming (brushing hair, brushing teeth, etc.) Yes No
- Additional information? _____

Evacuation Checklist – Sleeping

- I need help getting into and out of bed Yes No
- I need to be repositioned while I sleep Yes No
- I have medical issues when I sleep that require monitoring (sleep apnea, seizures, etc.) Yes No
- Additional information? _____