



2016/2017 NEEDS ASSESSMENT SURVEY OF RICHMOND PERSONS WITH DISABILITIES OR ACCESS AND FUNCTIONAL NEEDS

Please help us help you by answering the seven questions to improve plans and response capabilities to better serve our community in the future.

1. Are you a person with a disability or access/functional needs? Yes ___ No ___

2. Can you share with us the type of disability or functional need that you have that may need to know to better help you (please check all that apply)?

- Blind
- Deaf, hard-of-hearing
- Medically dependent
- Oxygen Dependent
- Other (please explain) _____
- Developmentally Disabled
- Elderly/Senior
- Non-English Speaking
- Physically/mobility challenged

4. In your home now do you have any needs that you would like to share and possibly work with your CERT Neighborhood Team/Richmond Fire OES on? (i.e.: need resources or plans on transportation, communications, Meals on Wheels, safety, securing furniture, fire safety, utility shut off, smoke alarms, etc.)

5. If you had to evacuate your home right now and stay in a temporary shelter for 7-10 days what do you think would be your greatest concerns or challenges? (Please check all that apply).

- Vital medications
- Personal Assistant
- Mobility Issues
- Power for recharging essential equipment
- Other (Please explain) _____
- Medical assistance
- Family
- Service animal
- Security/safety
- Transportation
- Special dietary issues
- Refrigeration (vital meds)

6. Do you have a family/friend support communication plan? Yes ___ No ___

7. Is there anything else that we can do to assist you in to become better prepared?

Please feel free to use the back of this page.

Name (Optional): _____

Email or physical address: _____