## HAWLEY FIRE DEPARTMENT AND EMERGENCY SERVICES RESIDENT EMERGENCY NEEDS SURVEY PDATE

Two years ago, the Hawley Fire Department and Emergency Services sent out a questionnaire to all residents similar to the one below. The purpose was to learn more about our community and its residents, including who needs our help the most and how we can help them. That way, in the event of a major disaster, like Tropical Storm Irene or the 2008 ice storm, we would be better aware of challenges our residents face; for example, which households depend on electricity to heat their homes, but lack a generator. We were also interested to learn who might be willing to volunteer to help us in a major event and what kind of resources they could offer. We were pleased to have received a very good response rate in 2019; the overwhelming majority of households responded. Unfortunately, things change over time, and information gets out of date. Therefore we are again sending out this survey to update our information. YOUR RESPONSES TO THIS SURVEY ARE CONFIDENTIAL. They are only available to emergency personnel in Hawley and will not be shared with the public. Although this survey is voluntary, we respectfully urge you to give complete and accurate answers to these questions so that our first responders are better able to assist everyone. If the space here is too limited to answer a particular question, please attach a sheet with further information.

RETURN INSTRUCTIONS: Please return this completed form to the Hawley Town Office, 8 Pudding Hollow Road. You can mail it or leave it off in the drop box outside the building. We ask that you not use email, due to the risk that confidential information could be compromised. Thank you!

## PART I: GENERAL INFORMATION

Name or person filling out this form	
Address	Phone Number
Alternate Number:	E-mail
Is email a good way to contact you?	Number of people in your household
Who should we contact if we cannot reach you	u or anyone in your household? Name and contact number:
Do you have a generator? YES NO	
Can you heat your house without having elect	ricity? YESNO
Do you have a woodstove? YES NO	
Do you have a landline? YES NO	Do you have a cell phone? YESNO
Do you plan to replace your landline with panother service? YESNO	phone service offered through the 4-town broadband program or
Do you have reliable cellular service where yo	ou live? YES NO

Do you have a corded phone that can run when the power is off?	YES	_NO	
Do you have running water when the power is off (gravity fed)?	YES	_NO	
Do you have enough food and supplies (including any medication	n) to last a w	veek? Y	'ES NO
Do you have a battery powered or hand crank radio receiver? YE	S NO	)	
Is there a place you and your family can stay if your home is dam	naged? YES	1	NO
Do you need transportation in an emergency (i.e. cannot drive or	lack vehicle	e) YES _	NO
Does anyone in your household not speak or read English? YES	S NO		
Please list any medical conditions, special needs, or medication your household, please be sure to note whom the information	applies to.		
Primary Doctor's name: Phone N Preferred hospital:			
Does anyone in your household have a Health Care Proxy, MOLS			
PART II: VOLUNTEER F  Would you be willing to volunteer to help the Town out in an  If yes, please check off the boxes below that apply:	_		NO
I would be willing to check on neighbors	I c	an opera	ate a chainsaw
I could assist at the Emergency Operations Center	C.]	D.L. Cl	ass:
Amateur radio license: Class:	Но	oister's I	License
Medical background (EMT/Paramedic/Doctor) - please sp	ecify:		
I have equipment (ex. Tractor, ATV, Snowmobile, Trailer would be willing to use to assist in an emergency response. Pleas			