



**Town of Falmouth Council on Aging  
Town of Falmouth Commission on Disabilities  
Town of Falmouth Emergency Preparedness**

**INFORMATIONAL SURVEY FOR DISASTER RELIEF ASSISTANCE  
IN CASE OF EVACUATION**

In the event of an emergency, if you or other senior or disabled members of your household will need assistance to evacuate from your home please fill out the form below. This will assist us in preparing to meet your needs should evacuation from your home be necessary.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Alternate Emergency Contact:**

Name/Relationship: \_\_\_\_\_

Telephone (Day): \_\_\_\_\_ Telephone (Evening): \_\_\_\_\_

**Assistance needed:**

Full-time resident       Part-time resident (months living in Falmouth): \_\_\_\_\_

Deaf (or hearing impaired) TTY Telephone Number: \_\_\_\_\_

Blind or sight impaired       Seeing-eye dog

Confined to bed      Use wheelchair:  Manual       Battery-powered       Use walker

Transportation (in case of evacuation from home)

Need assistance getting on a van or bus

Cognitive impairment

Require electric powered devices:

Oxygen       Other (specify): \_\_\_\_\_

I (we) have a pet(s)? Weight of pet(s): \_\_\_\_\_       I (we) have a cage for pet(s)

Other concerns (be specific): \_\_\_\_\_

Prescription meds and supplies (list) (use back of form) – You will need to bring your medications with you. \_\_\_\_\_

Primary Physician (with telephone number): \_\_\_\_\_

*This form will remain confidential and will only be shared with authorized personnel in the case of an emergency/disaster.*

*Please return this form to: Falmouth Senior Center, 300 Dillingham Ave, Falmouth, MA 02540*