

Town of Sudbury

Board of Health

DPW Office Building
275 Old Lancaster Road
Sudbury, MA 01776
978 440-5479

Dear Residents,

For many of the citizens in Massachusetts who have physical, medical, sensory or cognitive disabilities, as well as the elderly and other populations with unique needs, emergencies can present real challenges. The Town of Sudbury has a Registry of Emergency Needs to enable Emergency Services in town to be aware of your specific requirements during an emergency. Please complete the attached form to help us better understand how we can help you during an emergency. We will be able to access the information during a storm or disaster situation to be able to keep you safe and help to fulfill your needs. Below are next steps to ensure that you are ready and prepared when disaster strikes.

1. Create a 'Personal Support Network' or 'Self-Help Team' who can help identify and acquire resources, and assist you before, during and after the emergency. Your Team should include roommates, relatives, friends, neighbors.
2. Create a disaster supply kit and make an Emergency Preparedness Plan (see enclosed Emergency Preparedness Plan). Depending upon your needs, you may want to include extra eyeglasses, hearing aid batteries, wheel chair batteries, oxygen, the style and serial number of your medical devices, a list of your medications, including dosage, a list of your allergies, medical insurance information and medical cards.

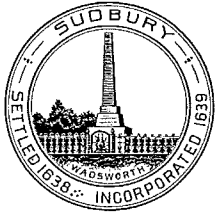
If you receive regular support services from a provider or Personal Care Attendant (PCA), speak with them about their disaster plans and their services during times of emergency. Work with them to identify back-up services.

During an actual emergency we will be contacting you within the first 24 hours to assess your current condition and how we may assist you. If you plan on leaving before or during a storm/disaster with a family member or friend please reach out to let us know you are safe.

Thank you in advance for your cooperation,

Bethany Hadvab
Sudbury Town Social Worker
978-440-5476

Ana Cristina Oliveira
Senior Center Outreach and Information Specialist
978-639-3268



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Emergency Information for Residents At Risk

This information may be shared with Police/Fire Departments in the event of a disaster/emergency situation. It will be stored securely.

Full Name: _____ **D.O.B:** / /

Address: _____

Phone Number: _____ **Cell#:** _____

Emergency Contact Person #1 (Name): _____ **Phone:** _____

Relationship to you: _____ **Healthcare proxy?** ___ **Power of Attorney?** ___

Emergency Contact Person #2 (Name): _____ **Phone:** _____

Relationship to you: _____ **Healthcare proxy?** ___ **Power of Attorney?** ___

Primary Care Physician: _____ **Phone:** _____

May we contact your doctor in case of an emergency? ___ Yes ___ No

Do you have pets? ___ Yes ___ No **Do you live alone?** ___ Yes ___ No

If no, please list names and relationship of other residents: _____

Do you drive? ___ Yes ___ No **Make/Model/Color of car:** _____

Do you use insulin? ___ Yes ___ No **Are you on oxygen?** ___ Yes ___ No

Do you need assistance to get out of your house? ___ Yes ___ No

Do you use a walker, wheel chair, or cane? ___ Yes ___ No

Are you legally blind? ___ Yes ___ No **Do you have significant hearing loss?** ___ Yes ___ No

Is your speech impaired? ___ Yes ___ No **Any cognitive impairments?** ___ Yes ___ No

Please list any other medical issues, medications or limitations that would be helpful for emergency personnel to be aware of: _____

Where will you stay in case of an emergency in town (natural disaster, power outage, etc.):

With friend/relative: ___ Hotel: ___ Emergency Shelter: ___ Home: ___

Do you have a file of life? ___ Yes ___ No **Do you have an emergency kit?** ___ Yes ___ No

Signature: _____ **Date:** _____ *Updated 1/9/18*