

THROCKMORTON COUNTY
OFFICE OF EMERGENCY MANAGEMENT
COUNTY JUDGE- CALEB W HODGES
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Office: 940-849-8805 Cell: 254-246-2562

FIRST NAME: _____

LAST NAME: _____

PHYSICAL STREET ADDRESS: _____

APT NUMBER: _____

CITY, STATE, ZIP CODE: _____

PHONE: _____

ALT PHONE NUMBER: _____

EMERGENCY CONTACT NAME: _____

EMERGENCY CONTACT PHONE: _____

EMERGENCY CONTACT RELATIONSHIP TO YOU? _____

DO YOU HAVE A CAREGIVER? _____ IF YES, CAREGIVER NAME: _____

CAREGIVER PHONE: _____

DO YOU HAVE ANY DISABILITIES OR MEDICAL CONDITIONS THAT WOULD PREVENT YOU FROM
EVACUATING ON YOUR OWN IN CASE OF AN EMERGENCY? _____

DO YOU HAVE TRANSPORTATION TO EVACUATE IN CASE OF AN EMERGENCY? _____

HOW MANY PEOPLE LIVE IN YOUR RESIDENCE FULL TIME? _____

DO YOU NEED TRANSPORTATION ASSISTANCE TO GET TO A LOCAL EVACUATION POINT OR SHELTER IN
CASE OF EMERGENCY? _____

HAVE YOU BEEN DIAGNOSED WITH DEMENTIA/ALZHEIMER'S? _____

HAVE YOU BEEN DIAGNOSED WITH A DEBILITATING CHRONIC ILLNESS? _____

DO YOU RECEIVE DIALYSIS? _____

DO YOU HAVE A MEDICAL CONDITION THAT REQUIRES 24-HOUR SUPERVISION FROM A SKILLED
NURSE? _____

IN THE EVENT OF POWER OUTAGE, WILL YOU HAVE HEAT? _____ COOLING? _____

DO YOU USE LIFE SUSTAINING MEDICAL DEVICES THAT REQUIRE POWER? (EXAMPLES WOULD INCLUDE A BREATHING MACHINE, SUCTION UNIT, OXYGEN CONCENTRATOR, VENTILATOR, OR FEEDING PUMP)

HOW MANY HOURS OF POWER ARE PROVIDED BY YOUR BACK-UP BATTERY POWER SOURCE? _____

DO YOU RECEIVE CRITICAL MEDICAL TREATMENT FROM A NURSE OR DOCTOR AT YOUR HOME OR IN A DOCTOR'S OFFICE MORE THAN TWICE A WEEK? _____

DO YOU REQUIRE HELP CONDUCTING DAILY LIVING ACTIVITIES SUCH AS BATHING, EATING, WALKING, OR TOILETING? YOUR ANSWER HELPS IMPROVE SHELTER PLANS. _____

DO YOU HAVE ANY BULKY MEDICAL EQUIPMENT THAT WOULD NEED TO BE EVACUATED WITH YOU? (EXAMPLE WOULD BE A WHEELCHAIR, WALKER, OXEGYN CONCENTRATOR, ETC..)

WHO IS YOUR PRIMARY CARE PROVIDER? _____

DO YOU HAVE A STORM CELLAR? _____

DO YOU HAVE A BASEMENT OR A SAFE ROOM? _____

DO YOU HAVE ANY PETS THAT LIVE IN YOUR RESIDENCE? _____

WHAT PETS LIVE IN YOUR RESIDENCE? _____

DO YOU HAVE PET CARRIERS FOR ALL YOUR PETS? _____

ANY OTHER CONDITIONS, COMMENTS OR NOTES THAT WE SHOULD ENTER INTO YOUR RECORD?

PLEASE SIGN AND DATE ON THE LINES PROVIDED SO WE MAY ENTER YOUR RECORDS.

RESIDENT SIGNATURE

DATE

