



# **EMERGENCY MANAGEMENT** **MORTON COUNTY KS**



## **SPECIAL NEEDS ASSESSMENT**

Dear Sir or Madam,

One of the most important roles of local government is to protect their citizens from harm, including emergency preparedness and response. Disasters can happen anywhere and at any time. Emergency responders and organizations like the Red Cross will respond after a disaster, but they can't be everywhere at once.

Being ready for a disaster is part of maintaining independence and if you are prepared ahead of time, you will be better able to cope and recover more quickly.

To better help you and your community to prepare for various emergencies, would you please answer the following questions. If you should need any assistance in answering the questions, please call the Health Department at 697-2612 or the Emergency Manager at 697-2803.

- Does anyone in your household need help walking or getting out of a chair or bed?  
**YES / NO**
- Is anyone in your household on oxygen or a life support system, such as a ventilator or dialysis?  
**YES / NO**
  - If YES, please list –
- Does anyone in your household use a hearing aid or unable to hear?  
**YES / NO**
- Does anyone in your household have a vision impairment that requires assistance?  
**YES / NO**
- If water and electricity were cut off, does your household have a safe back-up power supply like a generator?  
**YES / NO**
- When there is an emergency, how do you get your information? (circle all that apply) radio, television, face to face, phone, weather radio, internet, CodeRed, other (please list if you circle other)
- Are you able to speak and understand English?  
**YES / NO**
  - If no, what language do you speak?



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- In case you have to evacuate, do you have a plan for shelter and transportation?  
**YES / NO**
- If you plan to come to a public shelter, would your companion/caregiver/spouse come with you?  
**YES / NO**
- Does anyone in your household have a service animal?  
**YES / NO**
- Do you know that Morton County has an emergency preparedness plan and how to contact your local emergency management department?  
**YES / NO**
- If you or other members of your household would require special assistance in a disaster, would you be willing to put your name, address, and contact information in a registry to assist emergency responders to know where you are and how to get a hold of you?  
**YES / NO**

If you answered yes to any question, please write your name, address, and phone number below (Please print clearly):

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone # \_\_\_\_\_

Name of Caregiver, Parent, or alternate emergency contact phone #  
\_\_\_\_\_  
\_\_\_\_\_

Please return this questionnaire to the Morton County Health Department or to the Emergency Management Director at the EMS building.

Thank you for taking the time to assist us in improving emergency preparedness in Morton County!

Dusty Brillhart

Rhianna Shaw

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