

# 1. Readiness

Know where main valves and switches are for gas, water and electricity. Get help adapting handles, valves or switches if that will help you be able to turn them off.

Fire extinguisher that you can use, for example, one with extended handles.

Battery operated radio

Flashlight

Extra batteries for radio and flashlight (check expiration dates every two months)

Signaling device, such as a whistle, beeper, bell, screecher.

An evacuation plan, including transportation, when you need to get to a shelter.

## 2. Make your “Be Prepared Kit”

Completed “Important People and Papers” booklet

This completed “Be prepared to go to a shelter” booklet.

Equipment and assistive devices

Back-up equipment (for example, spare batteries or a manual wheelchair)

Extra supply of medications

Extra copies of prescriptions

Essential supplies for a medical condition

Food, collar and leash if you use a service or companion animal

Strong plastic bag or waterproof container to keep items in your kit dry

### 3. Communication

Sign language interpreter

I read others' lips

TTY

Large print materials

Braille materials

Recorded materials

Someone to read and explain information to me

Other (Please describe)

Communication device (for example, augmentative communication device, word or picture board, artificial larynx). If yes, please describe:

Anything else about communication?

## **4. Adapting to a new place**

I have a hard time adjusting to new places or being around people I don't know.

It is difficult for me to adjust to crowded and noisy rooms.

I am blind or visually impaired and need someone to help orient me with the layout of the shelter.

Anything else about adapting to a new place?

## **5. Medications**

I need help to remind me when to take medications.

I am allergic to this medication.

Anything else about medications?

## 6. Medical needs

I have a medical condition that is unstable or another health issue that needs continual attention (ex. Seizures).

I need help with on-going medical therapy, such as IV therapy, catheterization, ostomy, or wound care.

I need these essential medical supplies (if possible, keep these in your “Be Prepared Kit”):

I have a medical device implant (for example, heart defibrillator, pacemaker, vagus nerve stimulator, Baclofen pump, etc.):

I have environmental allergies or chemical sensitivities.

I cannot tolerate excessive heat or cold.

I have a weakened immune system and need to be away from others because I catch illnesses easily.

Anything else about medical needs?

## 7. Mobility

I use a wheelchair or other mobility device (please describe):

I can walk but have trouble standing for extended periods (for example, waiting in line).

I am unable to walk and need someone to help me get into different seating or laying positions.

I need a lift, such as a Hoyer lift, to transfer me from one place to another. If no lift is available, I need \_\_\_\_\_ people for a safe transfer.

Anything else about mobility?

## 8. Service animals

I use a service animal.

My service animal does not adapt well to big changes.

I need help while my service animal adjusts.

This is how I use my service animal:

Anything else about service animals?

# 9. Adapted and medical equipment

I use:

Oxygen

Glasses

Cane

Walker

Wheelchair

Communication device

Diabetes kit

Ventilator

Feeding pump

Suction machine

Other adapted or medical equipment (please describe):

Anything else about adapted or medical equipment?

## 10. Using bathrooms

I need disposable undergarments. (If possible, keep these in your “Be Prepared Kit”)

I need help changing undergarments.

I need an adapted toilet.

I need to be catheterized every                      hours.

Anything else about using bathrooms?

## 11. Eating and drinking

I need special formula.

I need modified plates or silverware to eat on my own.

I need straws or modified cups to drink on my own.

I have food allergies (please describe):

I need special foods because of an illness (please describe):

Anything else about eating and drinking?

## **12. Bathing, dressing, and grooming**

I need help taking a shower or bath.

I need help buttoning or fastening clothes.

I need help with grooming. (for example, brushing your hair, brushing your teeth, etc.)

Anything else about bathing, dressing or grooming?

## **13. Sleeping**

I need help getting into and out of bed.

I need to be repositioned while I sleep.

I have medical issues when I sleep that require monitoring. (for example, sleep apnea, seizures)

Anything else about sleeping?

## 14. Anything else

Is there anything else that shelter staff should know about you or a family member for you to be safe and healthy during your stay?

**To the Shelter Staff,**

This two-page form tells you any equipment and devices I use, any medications I take, and accommodations I need. Ask me if you have any questions. Thank you for giving me shelter during this emergency.

My name and address:

Equipment or devices I use

I brought this  
with me

Medications or special formulas:

I brought this  
with me

Must be kept  
cold

I request the following accommodations for a short term stay (not overnight) in your shelter.

In addition to the accommodations listed above, I request the following accommodations for an overnight or longer stay in your shelter:

Comments: