

# Town of Woolwich Emergency Services Survey

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers: Land Line \_\_\_\_\_ Cell Phone \_\_\_\_\_

1. Medical Needs

- Oxygen
- Mobility issues
- Live alone
- Aged
- Life Line or other medical alert system
- Other \_\_\_\_\_

2. Family Members

- Near by me
- Able to check on me
- My family member should be on your list- Their name \_\_\_\_\_

3. Neighbors

- Near by
- Able to help me
- In need of assistance - Their name \_\_\_\_\_

4. Cell Phone

- Own a cell phone
- Cell phone works from my home
- Cell phone does not work from my home

5. What resources do you feel should be made available during times of natural disasters? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Any other information that you would like to share with us:

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\_\_\_\_\_  
\_\_\_\_\_