

Emergency Management Special Needs Survey

Re: Survey for residents

Dear Residents,

The Hawthorn Borough is asking if you would help fill out this survey for our Emergency Management. This program is to help the Citizens of Hawthorn during an emergency. This questionnaire will help with the needs of people in our area so emergency personal can assist with the proper equipment needed in a timely fashion. We would like to Thank-you for your participation.

Number of people living in you household and house number: _____ House # _____

Are you hearing impaired: _____

Do you have any form of disability: _____, if so what special needs would you require (example: oxygen, wheelchair, need help lifting, diabetic) Remember this information is to help you.

Head of Household	(please circle)	18 -30,	31 -50,	51-70,	71- +	
Spouse		18 -30	31 - 50	51 - 70	71 - +	
Adult		18 -30	31 -50	51 - 70	71 - +	
Child		0 - 3	4 - 9	10 -14	15 - 18	
Child		0 - 3	4 - 9	10 - 14	15 - 18	
Child		0 - 3	4 - 9	10 - 14	15 - 18	Please add any additional

Special Training and willing to help

If so and are willing to participate with any help if an emergency arises, please list training and possibly equipment that can help. Name: _____ Phone: _____

Training or equipment: _____

Once again the Hawthorn Borough would like to Thank-you for taking your time to fill out our survey.

Sincerely,

Terry Beamer, Emergency Mgmt.
Co-ordinator
724- 525- 4085