

ANNUAL EMERGENCY ASSISTANCE SURVEY

This survey is part of an annual program to identify persons who are unable to respond in their usual manner during an emergency. As indicated in the Emergency Public Information Calendar, you might be told to shelter or evacuate if there is an emergency at Seabrook Station or for other emergencies. The NH Department of Safety, Division of Homeland Security and Emergency Management, in conjunction with your local emergency management officials, will use the survey information on this form to provide specialized, individual emergency assistance to persons residing near Seabrook Station.

If you or someone you know needs individual help, it is important for you to let us know. Just fill in the information and return this form. If you have any questions concerning your need for individual help during an emergency or if you are concerned about someone you know who may need emergency help, call: NH Department of Safety, Division of Homeland Security and Emergency Management at 1 (800) 852-3792 (voice only) or 911 (TDD/TTY).

Remember, in an emergency, you will be better prepared if you know how to help yourself and others, as well as how to receive help from others. This survey is conducted ANNUALLY. If you have previously filled out a form, PLEASE DO SO AGAIN. This will ensure that we have up to date information on your need for help. Thank you.

**THIS INFORMATION IS FOR OFFICIAL USE ONLY
AND WILL BE KEPT CONFIDENTIAL
(PLEASE COMPLETE)**

Please fold here. ↘

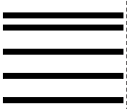


**NH DEPARTMENT of SAFETY
HOMELAND SECURITY and EMERGENCY MANAGEMENT**

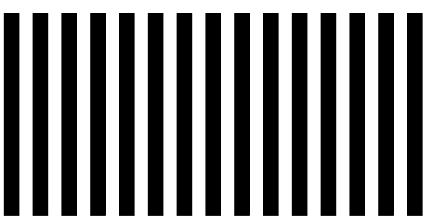
33 Hazen Drive
Concord, NH 03305



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NH DEPARTMENT OF SAFETY
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IMPORTANT INFORMATION ENCLOSED!
Please read and save this calendar for reference in an emergency.

This material is provided by
Seabrook Station, in cooperation
with the NH Department of Safety,
Homeland Security and Emergency
Management under the provisions of
State Law RSA 107B.

Please fold here. ↵

♻️ Printed on recycled paper.

EMERGENCY ASSISTANCE CARD

This Information Will Be Kept Confidential - For State and Local Official Use Only

Do you require assistance in an emergency? It is important that you make any access and functional needs known beforehand. If you have a need that may cause you to require additional assistance in an emergency, please fill out and return this card as soon as possible. If someone you know requires individual assistance during an emergency, please urge them to complete and return this card. **If you sent in an Access and Functional Needs Card in the past, a new card should be sent in to NH Homeland Security and Emergency Management each year.**

Yes, /this person will need assistance in an emergency:

Name: _____
Address: _____
City/Zip: _____
Home Phone: _____
Cell Phone: _____
E-mail: _____

Relative/person we can notify to assist you in an emergency:

Name: _____
Address: _____
City/Zip: _____
Home Phone: _____
Cell Phone: _____
E-mail: _____

Below, please mark an "X" in Each Box that applies to your need:

- | | | |
|--|--|---|
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Medical | <input type="checkbox"/> Evacuation assistance will be needed. |
| <input type="checkbox"/> hearing aid | <input type="checkbox"/> equipment needed (e.g. oxygen) | <input type="checkbox"/> Transportation assistance of the following type will be necessary: |
| <input type="checkbox"/> legally deaf | <input type="checkbox"/> vital medications | <input type="checkbox"/> Bus |
| <input type="checkbox"/> Vision Impaired | <input type="checkbox"/> Personal Assistance Services received | <input type="checkbox"/> Wheelchair Accessible Vehicle |
| <input type="checkbox"/> legally blind | <input type="checkbox"/> Service Animal (certified dogs only) | <input type="checkbox"/> Ambulance |
| <input type="checkbox"/> Mobility Impaired | Weight: _____ | |
| <input type="checkbox"/> walker needed | | |
| <input type="checkbox"/> wheelchair needed | | |
| <input type="checkbox"/> assistance leaving the house needed | | |
- Other Comments: _____

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