



**TOWN OF WINTHROP**

**Emergency Management Committee**  
*Chief Paul Flanagan, Director*  
**(617) 846-3474**



**Assistance Questionnaire Form**

In the event of a long-term power outage or an emergency evacuation, such as Hurricane Katrina, we need to know if any of our citizens need special assistance. We are urging every citizen to self-identify himself or herself to us, so that we may assist. This information will be kept in the strictest of confidence and will only be available to emergency personnel in the event of an emergency. If we don't know that you are there and need special assistance, we won't know how to help you.

**Please identify yourselves**

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

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

**Apt. #** \_\_\_\_\_ **TEL #** \_\_\_\_\_

**How does your disability impair you in the event of an emergency?**

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

**A family contact name & telephone number who would know where you are, if you were not home at the time of emergency. (Limit - 2 Telephone numbers)**

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

**Would you require any special equipment at a temporary shelter?**  
**i.e. oxygen, portable dialysis, etc.** \_\_\_\_\_

\_\_\_\_\_

**Do you have a service animal with proper ID?** \_\_\_\_\_

**Miscellaneous information.** \_\_\_\_\_

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

Please return form by mail to:

Winthrop Town Hall  
Attn: Commission on Disabilities  
1 Metcalf Square, Winthrop, MA 02152

Or form can be dropped off in person at Town Hall – Town Manager’s Office