

EMERGENCY



INFORMATION



EMERGENCY



INFORMATION



## Personal Assessment

### Assistive Technology

- Do you use any type of medical device, device or a person to help you:
  - Use the bathroom?
  - Get in or out of bed?
  - Leave your house?
  - Eat/fix a meal?
  - Communicate?
  - Take or remember medication?
  - Other \_\_\_\_\_

### Service Animal

- Do you have a service animal?
  - Yes
  - No
- How does it help you?
 

---
- Do you have a doctor's note saying you need it?
  - Yes
  - No

### Emotional Support Animal

- Do you have an emotional support animal?
  - Yes
  - No
- How does it help you?
 

---
- Do you have a doctors note saying you need it?
  - Yes
  - No

380 South 4th Street,  
 Ste. 102  
 Boise, ID 83702



208-334-3800  
 Toll Free- 1-800-487-4866  
<https://silc.idaho.gov>

EMERGENCY



INFORMATION



EMERGENCY



INFORMATION



**Evacuation**

- Can you evacuate your house by yourself?
  - Yes
  - No
- What kind of assistance will you need?

---

- Will you need transportation?

---

- What kind of transportation?

---

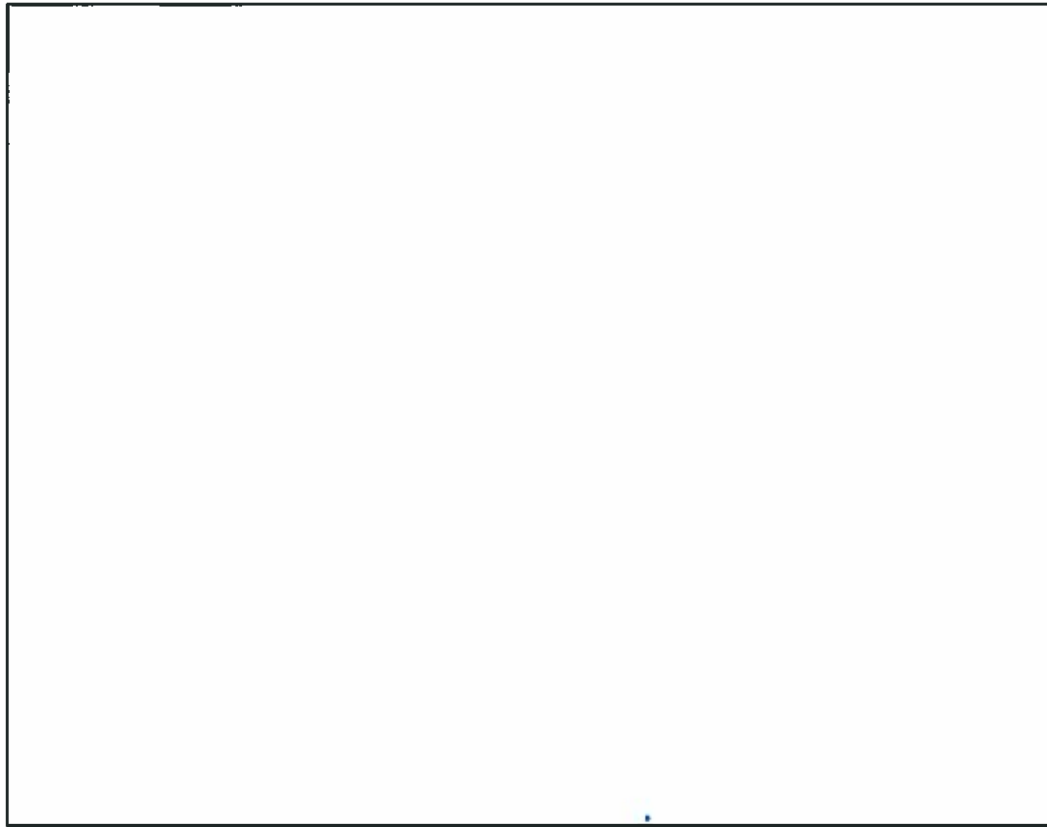
**Independent Living**

- If you couldn't stay in your home or apartment, could you do the following without any help?
  - Use the bathroom?
  - Cook your own food?
  - Transfer to/from a bed?
  - Communicate?
- Can you do these things above without any help every day for a:
  - A week?
  - Two weeks?
  - A month?

**Communication**

- Can you communicate with people outside of your friends, family or staff without your assistive technology?
  - Yes
  - No
- If no, then can you use:
  - Pen and paper?
  - Your own communication picture book?
- Can you tell people what you need and or understand what they are telling you?
- Do you normally use an ASL interpreter or other communication devices help to communicate with people you don't know?

# House Map



- Escape routes
- Fire extinguisher
- Meeting place
- Earthquake safe zone
- Emergency kit location
- Pet supplies

---

## Common Emergency Situations

Check the box if it's a possible emergency in your location. By knowing which disasters are most likely to effect you it allows you to be more prepared.

- |  |                                       |                                       |
|--|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Chemical      | <input type="checkbox"/> Heat wave    | <input type="checkbox"/> Tsunami      |
| <input type="checkbox"/> Drought       | <input type="checkbox"/> Hurricane    | <input type="checkbox"/> Volcano      |
| <input type="checkbox"/> Earthquake    | <input type="checkbox"/> Landslide    | <input type="checkbox"/> Water safety |
| <input type="checkbox"/> Fire          | <input type="checkbox"/> Power outage | <input type="checkbox"/> Wildfire     |
| <input type="checkbox"/> Flood         | <input type="checkbox"/> Terrorism    | <input type="checkbox"/> Snow storm   |
| <input type="checkbox"/> Flu           | <input type="checkbox"/> Thunderstorm | <input type="checkbox"/> Other_____   |
| <input type="checkbox"/> Food shortage | <input type="checkbox"/> Tornado      |                                       |