

Please place this completed form in an envelope,
affix a stamp and mail to:

Buena Vista County Emergency Management Agency

PO Box 276 • 411 Expansion Blvd.
Storm Lake, Iowa 50588

or

Email your information to:
aimee.barritt@bvema.com



If You Need to Evacuate . . .

- Listen to a battery-operated radio for the location of the nearest emergency shelter
- Follow instructions of local officials
- Wear weather-appropriate and comfortable clothing and sturdy shoes
- Use flashlights if necessary
- Check for fires and other household hazards
- Turn off all appliances
- Stay away from downed power lines
- If possible, check on your neighbor
- Call your family contact to let them know where you'll be
- Take your shelter kit
- Confine/secure all pets
- Lock your home
- Use travel routes specified by local officials

Shelter Kit:

- Clothes
- Shoes
- First aid kit (family prescriptions, medications)
- Extra set of keys
- Credit cards, cash and checks
- Personal hygiene supplies (toilet paper, feminine supplies, toothbrush)
- Special items for infants, elderly or disabled family members
- Extra eye glasses/contact solution
- Important family documents (i.e. insurance cards, identification, birth certificates, passports, etc. Store in waterproof container)
- Family contact information
- Be sure all bags have an ID attached
- Label all equipment
- Cell phone and charger

Special Needs Information

and

Response Form

**for Residents of
Buena Vista County**



Special Needs

If you or other members of your household would require special assistance in the event of an emergency evacuation, please complete and return this form so that arrangements can be made. Please indicate whether you might need special notification or assistance



with transportation if you were asked to evacuate your home. This information will be kept confidential and will be forwarded to local emergency service agencies in your area. It is recommended that you fill out a new form if your needs change.

The Hearing Impaired

The hearing impaired can receive emergency information on the Telephone Device for the Deaf (TDD). Buena Vista County residents should call either 911 or Toll Free Relay Iowa at 1-800-735-2942 (TT).

Emergency Warnings

BV County utilizes a voluntary emergency notification system. You may sign up for this at: bv911.com. Click on the "sign up for BV 911 alerts" icon to register. The Emergency Alert System (EAS) is a group of radio and television stations that broadcast official information during an emergency. NOAA Weather Radio will also broadcast official emergency information.

Make a Plan...

1. Speak to family members, caregivers, friends and others to create a personal emergency plan. In your plan, include what you will do if you have to evacuate your home and also if you have to shelter in place.
2. Once you have a plan, share it with those who need to be aware of your situation. Make sure they are knowledgeable of your plans.
3. Make an emergency supplies and sheltering kit. See the back of this brochure for a listing of items that you should include in the kit.
4. Sign up to receive emergency alerts for your community at: bv911.com. Once at the website, click on "sign up for BV911 alerts" and get registered.
5. More information on preparedness can be found at the following websites:

www.iowaema.com

www.bereadyiowa.org

www.fema.com

www.ready.gov



Special Needs Information

If you or other members of your household would require special assistance in the event of an emergency evacuation, please complete and return this brochure now so that special arrangements can be made in advance. Even if you have completed a survey in the past, please complete and return this card. This information will be forwarded to state and local emergency service agencies in your area. A followup interview will be scheduled, if needed.

Assistance would be needed for:

Name: _____

Address: _____

City: _____

Telephone: _____

Email: _____

☐ Full Time Resident

☐ Part Time Resident (*months at this address*) _____

☐ Deaf or Hearing Impaired

☐ Blind or Sight Impaired

☐ TDD Telephone Number: _____

☐ Confined to Wheelchair

☐ Could transfer to regular seats in a bus or van without assistance

☐ Confined to Bed

☐ List any electric powered medical devices you use: _____

☐ Other _____

☐ Home Health Care Agency?

Name: _____

Special Emergency Assistance Required:

☐ Transportation is needed if evacuation is required

Alternate Emergency Contact Person

Name: _____

Phone: _____

Cell Phone: _____

Email: _____

Relationship to person needing assistance: _____

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