

To help with the State governmental response to the December 2008 ice storm, please take a few moments to answer the questions below. Personal information such as your name, street address and other contact information will aid in review. *Only* your answers, comments, and your town name will be available for review by the NH Council on Developmental Disabilities and NH Homeland Security and Emergency Management.

Personal information will be treated as confidential.

Person completing this form: Individual Family Member Friend
 Support/Direct Care Provider Other (specify)_____

Name: _____ Address: _____
City/Town: _____ This address is my: Business or Residence

May we contact you if there are additional questions? Yes No

Would you prefer to be contacted by telephone or by E-mail?
 Phone: _____ Mobile: _____

E-mail: _____

- 1. As a result of the ice storm, how long were you without:
 - a. Electric Service → number of days____ number of hours____
 - b. Telephone Service → number of days____ number of hours____
 - c. Water Service → number of days____ number of hours____

- 2. Did you have a “disaster kit” and/or “personal/family preparedness plan” that you keep ready in case of an ice storm or other disaster/emergency?
 - Yes.
 - No. But I quickly developed a plan to use.
 - No → Do you want to learn about personal preparedness planning? No
↳ Yes, please contact me at the information provided above.

Note: Voluntary notification to your local Emergency Management Director (EMD) helps with coordinating emergency response efforts for individuals/families requiring special assistance during disasters/emergencies. It is suggested that you contact your town EMD to inform him/her of your specific disaster/emergency response needs.

- 3. Did you need transportation assistance as a result of the ice storm? No Yes (check type)
 Taxi Van Bus Medical Other (specify)

- 4. Do you rely on life sustaining electrical equipment such as, oxygen, dialysis, etc.? No
 Yes → Were you able to use the equipment during the ice storm?
 - ↳ Yes, please briefly explain: _____
 - ↳ No, please briefly explain: _____

5. Did you rely on someone to help you receive and/or understand information regarding the ice storm? Who helped you?

- Family Member
 Friend
 Support/Direct Care Provider
 Other (specify) _____

6. How were you notified of the ice storm/disaster? (check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Radio | <input type="checkbox"/> Television | <input type="checkbox"/> Electric utility |
| <input type="checkbox"/> AM | | |
| <input type="checkbox"/> FM | <input type="checkbox"/> Internet | <input type="checkbox"/> Telephone utility |
| <input type="checkbox"/> Amateur (HAM) | <input type="checkbox"/> Email | |
| | <input type="checkbox"/> NH.Gov | <input type="checkbox"/> Water utility |
| <input type="checkbox"/> Telephone | | |
| <input type="checkbox"/> Mobile/Cell | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Your neighbor/friend |
| <input type="checkbox"/> Landline | | |
| <input type="checkbox"/> Videophone | <input type="checkbox"/> U.S. Mail Carrier | <input type="checkbox"/> Supportive care provider (please specify) |
| <input type="checkbox"/> Text Pager | | |
| <input type="checkbox"/> State "800" number | <input type="checkbox"/> NH National Guard | _____ |
| <input type="checkbox"/> Telecommunication for the deaf (TTY) | <input type="checkbox"/> Emergency personnel | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Telecommunications Relay Services (TRS) | | _____ |

7. Of the information sources you checked in #6 above, which source did you rely on the ***most***?

- | | | |
|--|--|--|
| <input type="checkbox"/> Radio | <input type="checkbox"/> Television | <input type="checkbox"/> Electric utility |
| <input type="checkbox"/> AM | | |
| <input type="checkbox"/> FM | <input type="checkbox"/> Internet | <input type="checkbox"/> Telephone utility |
| <input type="checkbox"/> Amateur (HAM) | <input type="checkbox"/> Email | |
| | <input type="checkbox"/> NH.Gov | <input type="checkbox"/> Water utility |
| <input type="checkbox"/> Telephone | | |
| <input type="checkbox"/> Mobile/Cell | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Your neighbor/friend |
| <input type="checkbox"/> Landline | | |
| <input type="checkbox"/> Videophone | <input type="checkbox"/> U.S. Mail Carrier | <input type="checkbox"/> Supportive care provider (please specify) |
| <input type="checkbox"/> Text Pager | | |
| <input type="checkbox"/> State "800" number | <input type="checkbox"/> NH National Guard | _____ |
| <input type="checkbox"/> Telecommunication for the deaf (TTY) | <input type="checkbox"/> Emergency personnel | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Telecommunications Relay Services (TRS) | | _____ |

8. Were you able to receive needed supportive care services such as, home health care, direct care services, etc., during the ice storm?

- Yes
 No → How long days___ hours___ before you received the service(s)?

9. Did you leave your home during the ice storm due to loss of power? No → skip to Question 11

Yes → For how long? → Number of days _____ Number of hours _____

↳ Where did you go?

Hotel/Motel → skip to Question 11 Family/Friends → skip to Question 11

Warming Shelter (no overnights, just a place to get warm) Town Shelter

Red Cross Shelter Other (please specify) _____

↳ If you have a Service Animal, were you able to bring the animal into the shelter? Yes

No, please explain: _____

↳ If you have a pet, were you able to bring your pet to the shelter? Yes No, please explain:

↳ How would you rate your experience at the shelter?

Excellent

Good

Average

Below Average

Poor

Please briefly describe your experience at the shelter: _____

10. Were you able to receive needed emotional, medical and/or physical assistance while at the shelter?

Yes No, please explain: _____

11. Feedback Form received from, but not limited to the following agencies/organizations:

Granite State Independent Living

Governor’s Commission on Disability

NH Developmental Disabilities Council

United Way Organizations

NH Cares

Statewide Independent Living Council

Private Provider Network

Disability Rights

Elder Rights Coalition

Community Action Program (CAP)

NH Family Voices

National Association of Mental Illness

Community Mental

Health Centers

Easter Seals

Other (please specify):

Council on Children and

Adolescents with Chronic Health Conditions

Community Support Network Incorporated (Area Agencies)

Electronic List Serve

NH Office of Minority Health

NH Veterans Administration

NH Bureau of Elderly and Adult Services

THANK YOU!

Please return by Thursday, April 30, 2009 to NH Developmental Disabilities Council, “December Ice Storm”, 21 Fruit Street, Suite 22, Concord, NH 03301-2451 Or e-mail to david.louellette@ddc.nh.gov Fax 271-1156