

ASSISTANCE REQUEST SURVEY

Arizona Public Service Company has established "Operation Outreach" as a means of educating and informing residents about nuclear power in general and the Palo Verde Nuclear Generating Station specifically. They are working closely with federal, state and county emergency management agencies to provide for your health and safety. This survey is only for residents living in the 10-mile area surrounding the Palo Verde Nuclear Generating Station.

Maricopa County Department of Emergency Management will use this information in evaluating needs and identifying potential emergency transportation and shelter requirements. Every effort will be made to support requested assistance; however, this should not replace individual preparedness and planning. This information will be kept confidential and only used by emergency response agencies. Please complete this survey whether assistance is needed or not.

If you have questions or would like assistance to complete this survey please contact (602) 273-1411 or TDD/TTY (602) 244-1409.

"PLEASE PRINT"

Name(s) of Persons Living in Household (Please include first and last names)	Age	Assistance Needed?
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Residential Address: House number: _____ Direction/Street: _____ Apt.: _____

City: _____ State: _____ Zip Code: _____

Mailing address (if different): _____

Telephone Number(s): Residence: _____

Cellular(s): _____ Text Capable: Yes No

Yes No 1. Would you, or any member of your family, (including children or elderly home unattended during the day), require additional assistance to leave your home on short notice? Please check ALL that apply.

- Use a Walker or Cane (Necessary for Mobility)
- Use a Wheelchair (Necessary for Mobility)
- Unable to be out of Bed (Have no mobility)
- Use a Ventilator/Respirator (Needed to sustain life)
- Use Portable Oxygen Equipment (Needed to breathe)
- Require Electricity For Life Sustaining Equipment (Needed to operate any life sustaining devices)
- Service Animal

Yes No 2. Please check ALL that apply that best describe any disability or medical conditions.

- Deaf/Hard of Hearing Impairment
- Blind/Visual Impairment
- Cognitive
- Autism Spectrum Disorder
- Seizure Disorder
- Speech Disability
- Alzheimer's/Dementia
- Psychiatric Disability
- Non-Verbal Communication
- Other: _____

Yes No 3. Will you need evacuation transportation assistance during an emergency?

If yes, do you need Accessible Transportation (i.e. wheelchair)?

Yes No 4. Do you have pets? (If so, how many and what type?)
