



INTERNATIONAL ALLIANCE OF ALS/MND ASSOCIATIONS

Disability-related Supplies and Special Equipment

Source:

The forms in this document were adapted from the Alaska Department of Health publication: Get Ready! Alaska's emergency preparedness toolkit for people with disabilities.

Disability-related supplies and special equipment

Put a check in the box next to the items you use. Write down where you keep them and any information about them you may need during an emergency. Label your supplies with your name.

Item:	Where it's kept:
<input type="checkbox"/> Eyeglasses/contact lenses	
<input type="checkbox"/> Eating/grooming utensils	
<input type="checkbox"/> Dressing devices	
<input type="checkbox"/> Writing and/or communication and/or hearing aids	
<input type="checkbox"/> Oxygen/flow rate equipment/monitors	
<input type="checkbox"/> NIV / BIPAP	
<input type="checkbox"/> Suction and/or dialysis equipment	
<input type="checkbox"/> Sanitary supplies	
<input type="checkbox"/> Urinary supplies	
<input type="checkbox"/> Ostomy supplies	
<input type="checkbox"/> Wheelchair (motorized or manual)	
<input type="checkbox"/> Walker/can/crutches	
<input type="checkbox"/> Dentures or retainers	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	