**CDC’s Emergency Preparedness for Vulnerable Populations**

**Personal Story Submission Guide**

**What is CDC’s purpose for collecting personal stories?**

The Centers for Disease Control (CDC) aims to build public awareness and improve education about the unique needs of children with special health conditions and adults with disability during natural, man-made, and technological disasters. By collecting stories from individuals and families who have experienced these events, CDC hopes to share information *from the public* directly *to the public*. In addition, personal stories will provide information that can help CDC improve its emergency preparedness and response efforts for adults with disability and families who have children with special health care needs.

**How will my personal story be used?**

Personal stories will be shared throughout CDC’s website ([www.cdc.gov](http://www.cdc.gov)) and may also be shared through other CDC-related content in the following formats:

* CDC’s website
* CDC’s social media pages
* CDC’s emergency preparedness materials
* Materials developed by other federal, state, and local partners

**What are some possible questions?**

Here are some questions to consider for a personal story:

1. What type of disaster(s), natural, man-made, or technological, is/are common in your area?
2. How did you and/or your family prepare for the most recent disaster?
3. What supplies did you need for yourself and/or your child during this emergency? (e.g., medical equipment, medication, health records etc.)
4. Do you feel that you were prepared to meet his/her/your medical needs? Why or why not?
5. What resources would be useful to help you prepare to meet your/your child’s health needs during a future emergency?
6. What do you think others (individuals, families, or healthcare providers) should know about emergency preparedness for children with special health care needs or adults with disability?

**For more information about personal stories, please contact the CDC.**

**Please submit your personal story to Michael Bartenfeld by July 25, 2014.**

([vdv4@cdc.gov](mailto:vdv4@cdc.gov))

**CDC’s Emergency Preparedness for Vulnerable Populations**

**Personal Story Submission Form**

**GENERAL INFORMATION**

*Please type your responses in the fields below.*

1. **Your Name/Parent’s Name (First Name only):**
2. **Do you give permission to be contacted by CDC for questions or clarifications about your story?**

**Phone number:****Email Address:**

1. **Child’s Name (First Name only, if applicable):**
2. **Your/Child’s Condition:**

**Your/Child’s Gender: Your/Child’s Age:**

1. **Location (City, State):**

**ABOUT YOU/YOUR FAMILY**

1. **Describe a recent disaster, natural, manmade, or technological, that you/your family experienced. (e.g., flood, tornado, oil spill, etc.)**

*50 words maximum*

1. **What difficulties did you face in preparing or receiving emergency aid to meet your/your child’s health needs during the recent disaster?**

*100 words maximum*

1. **What supplies did you/your child need during this emergency? (e.g., medical equipment, medication, health records etc.)** *100 words maximum*

1. **Do you feel that you were prepared to meet his/her/your health care needs? Why or why not?**

*100 words maximum*

1. **What resources would be useful to help you prepare to meet your/your child’s health needs during a future emergency?** *150 words maximum*

1. **What do you think others (individuals, families, or healthcare providers) should know about emergency preparedness for children with special health care needs or adults with disability?** *150 words maximum*

**General Photo Release**

I hereby agree to allow my photographic image to be used (with or without my name, both singly and in conjunction with other persons or objects) by the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services.

CDC may use my photograph, at its discretion and consistent with its public health mission, in any publication and/or on an Internet web site or in any other format. I understand that other persons will be free to copy and/or print and/or distribute my photographic image.

I understand that this publication may be printed by the United States Government Printing Office and/or posted on the Internet or in any other format by CDC without copyright protection and may be distributed free or sold. I also understand that additional printings or web postings may be conducted by the United States Government Printing Office and CDC in the future.

I understand that for the use of my photographic image in this publication or Internet posting or any other format, I will receive no financial compensation or payment of any kind from the United States Government or from any agency of the Government.

     

Name Date of Birth

Signature (Typed Name) Date

Address

City, State and Zip Code

Phone Number

IF A MINOR: Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian (Typed Name)