

IIMA's Corona Virus Crisis - Specific Support NEEDED Form

INTERDEPENDENT INDIA is an informal volunteer driven collaboration attempting to match the requirements of people at most risk during the Covid-19 pandemic with the closest government authority, civil society organisation, local collective or neighbourhood volunteer.

Key stakeholders include the Disability Commissionerate of Tamil Nadu, We Are Your Voice and AIDER : (Addressing & Including Diversity in Emergency Response).

While this initiative is Tamil Nadu focussed, requests from the rest of India will be forwarded to MSJE for coordination.

Enter NA for Not available if a required question and you have no further information to submit. Please read the description for guidance and remember - more details will help repeat calls and further inconvenience all around.

This form will take 10 minutes to fill. Preview it at <https://bit.ly/ii-covid-preview> before you start and keep your location link ready to paste. Image & file links cannot be uploaded so if required keep those ready too.

Thank you and stay safe! Do visit <http://sosaider.wordpress.com> for plain language resources on COVID and links to other multilingual reliable content. The TN Govt website <http://stopcoronatn.in> is being provided with an accessible landing page.

***Required**

Skip to question 1. Skip to question 1

**Assistance
Required :
PRIORITY**

If you have a person at home who is not a senior citizen, unwell, immunocompromised or movement disabled, we request you to procure groceries and medical supplies from neighbourhood shop. You could refer <http://bit.ly/ccc-site> for more information on What's Available Where - Essentials..

1. Priority Status *

Choose one of the options below. Emergency = life-threatening only.

Mark only one oval.

- Earlier request / attempt not fulfilled *Skip to question 61*
- Emergency (attend immediately) *Skip to question 2*
- Not an emergency *Skip to question 14*
- Other: _____

Emergency Assistance Required : Support Type

2. Emergency Support Required

Dial 108 for an SOS. Blood transfusion, chemotherapy, antiretroviral therapy, haemodialysis because of illness / mobility difficulty of all adults at home

Tick all that apply.

- Unable to prepare meals, need cooked food
- Can cook, none at home can purchase rations
- Personal Assistance - regular support person unwell or unavailable
- Facing a mental health or personal crisis / breakdown
- Power / fuel required for life-saving medical equipment
- Run out of Life saving support medications / supplies - none at home can purchase
- Regional shortage / unavailability of blood products / critical medical supplies etc
- Transport needed for medical interventions like blood transfusion/dialysis/chemo /ART and other life-saving therapeutic support
- Wheelchair accessible transport needed for medical interventions like blood transfusion/dialysis/chemo /ART and other life-saving therapeutic support

EMERGENCY REQUEST : CONTACT INFORMATION

3. Name *

First name, Last name

4. Mobile Number *

No spaces. 10 digit Mobile Number alone. If no mobile provide STD code and landline number.

5. Email Address

6. Age in years *

7. Gender

Mark only one oval.

- Female *Skip to question 21*
- Male *Skip to question 21*
- Transgender *Skip to question 21*
- Prefer not to say *Skip to question 21*

Skip to question 8

EMERGENCY REQUEST : LOCATION STATE

8. STATE

Mark only one oval.

- Andaman and Nicobar Islands
- Andhra Pradesh
- Arunachal Pradesh
- Assam
- Bihar
- Chandigarh
- Chhattisgarh
- Dadra and Nagar Haveli
- Daman & Diu
- Goa
- Gujarat
- Haryana
- Himachal Pradesh
- Jammu & Kashmir
- Jharkhand
- Karnataka
- Kerala
- Ladakh
- Lakshadweep
- Madhya Pradesh
- Maharashtra
- Manipur
- Meghalaya
- Mizoram
- NCT of Delhi
- Nagaland
- Odisha
- Puducherry
- Punjab
- Rajasthan
- Sikkim
- Tamil Nadu

Skip to question 9

- Telangana
- Tripura
- Uttar Pradesh
- Uttarakhand
- West Bengal

Skip to question 10

EMERGENCY REQUEST: LOCATION DISTRICT

9. TAMIL NADU DISTRICTS

Mark only one oval.

- Ariyalur
- Chengalpattu
- Chennai
- Coimbatore
- Cuddalore
- Dharmapuri
- Dindigul
- Erode
- Kallakurichi
- Kanchipuram
- Kanyakumari
- Karur
- Krishnagiri
- Madurai
- Nagapattinam
- Namakkal
- Nilgiris
- Perambalur
- Pudukkottai
- Ramanathapuram
- Ranipet
- Salem
- Sivaganga
- Tenkasi
- Thanjavur
- Theni
- Thoothukudi
- Tiruchirappalli
- Tirunelveli
- Tirupattur
- Tiruppur
- Tiruvallur

- Tiruvannamalai
- Tiruvarur
- Vellore
- Viluppuram
- Virudhunagar

Skip to question 10

EMERGENCY REQUEST : LOCATION ADDRESS

10. PIN Code *

11. Postal Address *

12. Nearby Landmark / Directions *

13. Location as Google Map link

Go to Google Maps on your Mobile phone or <https://www.where-am-i.net/> on your computer and click the Share location after verifying your information. Copy the link and paste it here.

Skip to question 54

INFORMANT TYPE

14. INFORMANT CONTACT DETAILS

If you are filling this on behalf of someone else, or on something you've read or heard please select 'Other' and enter your name, mobile number, email,, relationship to individual / organisation concerned etc

Tick all that apply.

I am both informant and the individual / organisation representative concerned - contact details are the same

Other: _____

Skip to question 15

**SUPPORT
NEEDED FOR :
Individual /
Organisation**

If this for one person in an organisation select INDIVIDUAL and enter organisation name in address and area of work, people supported etc in ADDITIONAL COMMENTS box at end of form

15. Is this for an individual or organisation

Mark only one oval.

An individual needing support *Skip to question 16*

An organisation needing support *Skip to question 38*

Contact Information : INDIVIDUAL

16. Name (Individual) *

First Name, Last Name

17. Mobile Number (Individual) *

No spaces. 10 digit Mobile Number alone. If no mobile provide STD code and landline number.

18. Email Address

19. Age in Years (Individual) *

20. Gender (Individual) *

Mark only one oval.

Female

Male

Transgender

Prefer not to say

INDIVIDUAL : LOCATION STATE

21. STATE

Mark only one oval.

- Andaman and Nicobar Islands
- Andhra Pradesh
- Arunachal Pradesh
- Assam
- Bihar
- Chandigarh
- Chhattisgarh
- Dadra and Nagar Haveli
- Daman & Diu
- Goa
- Gujarat
- Haryana
- Himachal Pradesh
- Jammu & Kashmir
- Jharkhand
- Karnataka
- Kerala
- Ladakh
- Lakshadweep
- Madhya Pradesh
- Maharashtra
- Manipur
- Meghalaya
- Mizoram
- NCT of Delhi
- Nagaland
- Odisha
- Puducherry
- Punjab
- Rajasthan
- Sikkim
- Tamil Nadu

Skip to question 22

- Telangana
- Tripura
- Uttar Pradesh
- Uttarakhand
- West Bengal

INDIVIDUAL : LOCATION - DISTRICT

22. TAMIL NADU DISTRICTS

Mark only one oval.

- Ariyalur
- Chengalpattu
- Chennai
- Coimbatore
- Cuddalore
- Dharmapuri
- Dindigul
- Erode
- Kallakurichi
- Kanchipuram
- Kanyakumari
- Karur
- Krishnagiri
- Madurai
- Nagapattinam
- Namakkal
- Nilgiris
- Perambalur
- Pudukkottai
- Ramanathapuram
- Ranipet
- Salem
- Sivaganga
- Tenkasi
- Thanjavur
- Theni
- Thoothukudi
- Tiruchirappalli
- Tirunelveli
- Tirupattur
- Tiruppur
- Tiruvallur

- Tiruvannamalai
- Tiruvarur
- Vellore
- Viluppuram
- Virudhunagar

INDIVIDUAL : LOCATION ADDRESS

23. PIN Code

24. Postal Address

25. Any landmark / location near by

26. Location as Google Map link

Go to Google Maps in your Mobile phone and click the Share location after verifying your information. Copy the link and paste it here.

INDIVIDUAL : Specific Needs
Type

Which of these options best describes you? Tick whatever applies.

27. Specific Needs Type

Mark only one oval.

- Elderly Persons *Skip to question 29*
- Pregnant Women *Skip to question 29*
- Persons with Chronic Illness (including HIV/AIDS) *Skip to question 29*
- Persons with Disabilities *Skip to question 28*
- Persons with Epileptic / Seizure conditions *Skip to question 29*
- Other: _____

Skip to question 29

INDIVIDUAL : Disability Type

28. If disability, which group(s)

Tick all that apply.

- Acid Attack victim
- Autism Spectrum Disorder
- Blindness
- Cerebral Palsy
- Chronic Neurological conditions
- Dwarfism
- Hearing Impairment(Deaf and Hard of Hearing)
- Hemophilia
- Intellectual Disability
- Leprosy Cured persons
- Locomotor Disability
- Low vision
- Mental Illness
- Multiple Disabilities including deaf-blindness
- Multiple Sclerosis
- Muscular Dystrophy
- Parkinson's disease
- Sickle Cell disease
- Specific Learning Disabilities
- Speech and Language disability
- Thalassemia

Other: _____

INDIVIDUAL : Support NEEDED

If Other, Please specify the kind of support

29. Life-saving support inside the home

Tick all that apply.

- E-pass for regular attendant to reach home
- Personal Assistance - regular support person unwell or unavailable
- Unable to prepare meals, need cooked food
- Can cook, none at home can purchase rations
- Medical supplies (prescription medication, diapers, catheter bags etc)
- Doctor home visit- immunocompromised and cannot risk hospital visit
- Nurse home visit - infusion / other procedures needed
- Gynaecological needs (Pre / post natal care, emergency contraception etc)
- Facing a mental health or personal crisis / breakdown
- Oxygen supply
- Power & Fuel needs for life-saving medical equipment

Other: _____

30. Routine support inside the home

Tick all that apply.

- Grocery supply
- Prescription medicine supply
- Cooked food supply
- Personal care assistant
- Domestic Help
- Neighbour Buddy for company

Other: _____

31. Transport for life-saving treatment outside the home

If wheelchair accessible transport needed for medical interventions like blood transfusion/dialysis/chemo /ART and other life-saving therapeutic support, please mention "Wheelchair User" in the Other box

Mark only one oval.

- Curfew Access pass for own vehicle
- Blood transfusion
- Haemodialysis
- Chemotherapy
- Antiretroviral therapy
- Delivery of baby
- Other: _____

32. Need rescue - I'm stranded and can't go back to my hometown. I need help with

Tick all that apply.

- Medication
- Information - Food / Shelter / Hosting availability with location and contact
- Other: _____

33. Need Rescue - At risk person is missing

Mark only one oval.

- Can't file FIR
- Search prioritisation
- Other: _____

34. Need Rescue - Mental health and other crisis

Tick all that apply.

- I need a peer support in the community
 - I need to renew my prescription for ongoing medication
 - I need to leave the home because I am being abused / harassed
 - Mental health crisis - SOS! (Individual / Family member)
 - On COVID duty , no back-up for my kid as schools closed.
 - Facing harassment due to race / Covid hospital duty infection fears / and quarantine notices pasted outside house / other. Help!
 - I need deaddiction services
 - Regional shortage / unavailability of blood products / critical medical supplies etc
- Other: _____

35. VIRTUAL SUPPORT NEEDED

Mark only one oval.

- Sign Language Interpreter
- Other Communication support
- Doctor
- Counsellor
- Accessible Information (conversion of inaccessible documents etc)
- Other: _____

36. Help in receiving delayed regular government entitlements

Mark only one oval.

- Not received pension - here are my details
- Not received disability allowance - here are my details
- Other: _____

37. Support for service of assistive devices / mobility

Mark only one oval.

- Crutch
- Wheelchair
- Ventilator
- Batteries for hearing aid
- Batteries for other electronic devices, gadgets etc
- Other: _____

Skip to question 54

Contact Information (Organisation)

38. Organisation Name*

39. Contact Person Name*

40. Mobile Number*

10 digit Mobile Number alone

41. Email Address

42. People supported : Gender *

Select whichever options apply. Enter number of beneficiaries in the OTHER box

Tick all that apply.

Female

Male

Transgender

Other: _____

43. People supported : Age Group

Tick all that apply.

Birth to 6 Years

7 to 18 Years

19 to 60 Years

60 Years and above

ORGANISATION : LOCATION STATE

44. STATE

Mark only one oval.

- Andaman and Nicobar Islands
- Andhra Pradesh
- Arunachal Pradesh
- Assam
- Bihar
- Chandigarh
- Chhattisgarh
- Dadra and Nagar Haveli
- Daman & Diu
- Goa
- Gujarat
- Haryana
- Himachal Pradesh
- Jammu & Kashmir
- Jharkhand
- Karnataka
- Kerala
- Ladakh
- Lakshadweep
- Madhya Pradesh
- Maharashtra
- Manipur
- Meghalaya
- Mizoram
- NCT of Delhi
- Nagaland
- Odisha
- Puducherry
- Punjab
- Rajasthan
- Sikkim
- Tamil Nadu

Skip to question 45

- Telangana
- Tripura
- Uttar Pradesh
- Uttarakhand
- West Bengal

ORGANISATION : LOCATION DISTRICT

45. TAMIL NADU DISTRICTS

Mark only one oval.

- Ariyalur
- Chengalpattu
- Chennai
- Coimbatore
- Cuddalore
- Dharmapuri
- Dindigul
- Erode
- Kallakurichi
- Kanchipuram
- Kanyakumari
- Karur
- Krishnagiri
- Madurai
- Nagapattinam
- Namakkal
- Nilgiris
- Perambalur
- Pudukkottai
- Ramanathapuram
- Ranipet
- Salem
- Sivaganga
- Tenkasi
- Thanjavur
- Theni
- Thoothukudi
- Tiruchirappalli
- Tirunelveli
- Tirupattur
- Tiruppur
- Tiruvallur

- Tiruvannamalai
- Tiruvarur
- Vellore
- Viluppuram
- Virudhunagar

ORGANISATION : LOCATION ADDRESS

46. PIN Code (if you can)

47. Postal Address (if you can)

48. Any landmark / location near by

49. Location as Google Map link

Go to Google Maps in your Mobile phone and click the Share location after verifying your information. Copy the link and paste it here.

**ORGANISATION : Specific
Needs Type**

Does individual / groups supported have any specific needs.
Tick whatever applies.

50. Specific Needs Type

Mark only one oval.

- Elderly Persons
- Pregnant Women
- Persons with Chronic Illness (including HIV/AIDS)
- Persons with Disabilities *Skip to question 51*
- Persons with Epileptic / Seizure conditions
- Other: _____

Skip to question 52

ORGANISATION : Disability Type

51. If disability, which group(s)

Tick all that apply.

- Acid Attack victim
- Autism Spectrum Disorder
- Blindness
- Cerebral Palsy
- Chronic Neurological conditions
- Dwarfism
- Hearing Impairment(Deaf and Hard of Hearing)
- Hemophilia
- Intellectual Disability
- Leprosy Cured persons
- Locomotor Disability
- Low vision
- Mental Illness
- Multiple Disabilities including deaf-blindness
- Multiple Sclerosis
- Muscular Dystrophy
- Parkinson's disease
- Sickle Cell disease
- Specific Learning Disabilities
- Speech and Language disability
- Thalassemia

Other: _____

ORGANISATION : Support NEEDED

52. ORGANISATION TYPE

Tick all that apply.

- Residential centre

Other: _____

53. Supplies Required

Provide quantities (ml instead of bottles) and details. Generic names preferred.

Requirements
in detail

ENTER NA (Not Applicable) if requirement is NOT blood / oxygen related or if there is no further information to submit.

54. Oxygen Litres per week

Type A = small cylinder = 5 litres / Type B = large cylinder = 10 litres

55. Blood Bank Need - Type

Mark only one oval.

- A+
- A-
- B+
- B-
- AB+
- AB-
- O+
- O-
- Red Cell Concentrate
- FF Plasma
- Factor 8
- Factor 9
- NA = Not Applicable

56. Blood Bank Unit Requirements Per Month / 3 weeks

How many units of blood / blood component required!

57. Other requirement quantities in detail

Requirement Date & Time

58. Required Period Intervals of support

Mark only one oval.

- This is a one-off, not regular requirement
- Daily
- Weekly
- Every 3 weeks
- Monthly
- Critical only in case of medical emergency

59. Approximate Starting Date of Support requested

Example: 7 January 2019

60. Approximate Starting Time of Support requested

Example: 8.30 a.m.

ADDITIONAL COMMENTS

ENTER NA (Not Applicable) if there is no further information to submit.

61. Describe current* issue faced in detail. Add link to picture gallery if possible of prescription / disability certificate etc

* If issue raised earlier, please repeat your mobile number and other identification details in which request was placed.

CONSENT

62. I understand this is a volunteer-driven effort being undertaken in good faith and hereby release, indemnify and hold harmless the primary stakeholder volunteers from all liability. I agree to be contacted during crisis and will abide by all safety instructions and information provided to me during its resolution.

*

Tick all that apply.

YES

This content is neither created nor endorsed by Google.

Google Forms