

# MODEL FORM

## EMERGENCY PREPAREDNESS RESIDENT SURVEY

This survey gathers information to support your household in the event of an emergency. Part One gathers contact and special needs information; Part Two gathers information about communication preferences. This survey is voluntary. All information will be kept confidential and used only for emergency preparedness.

### PART ONE: BASIC HOUSEHOLD INFORMATION

Primary contact \_\_\_\_\_ Apt No. \_\_\_\_\_

Email address \_\_\_\_\_

Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Languages spoken \_\_\_\_\_

Preferred Language \_\_\_\_\_

Children: names / ages: \_\_\_\_\_

Emergency contact (within 20 miles)

Name \_\_\_\_\_

Phone \_\_\_\_\_

Relation \_\_\_\_\_

Email \_\_\_\_\_

#### Do you or anyone in your household rely on any of the following?

- Cane                       Wheelchair                       Walker                       Oxygen  
 Powered medical device                       Refrigerated medications                       Special service animal or pets  
 At-home caregiver – list name and number: \_\_\_\_\_

#### Additional questions (check if these apply to you or anyone in your household and provide additional information as appropriate.)

- Are you or anyone in your household deaf or blind?     Yes     No                                       Do you have pets?  
 In the event of a power outage, would you need help using the stairs?     Yes     No  
 Do you have special skills useful during an emergency? (Please list) \_\_\_\_\_  
 Do you have dietary restrictions? (please list) \_\_\_\_\_  
 Do you provide care to someone outside your household?     Yes     No

#### If there is an evacuation, where will you and your household members go?

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_                      Email \_\_\_\_\_