

**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 \_\_\_\_\_

## PART TWO: HOUSEHOLD COMMUNICATION

**Which of the following would you use to get information and give feedback? (Check all that apply)**

- Phone       Email       Our website       Facebook  
 SMS       Resident Meetings       Paper forms/Surveys
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**Which best describes your internet access?**

- Home computer/laptop with internet connection  
 Smartphone with internet connection  
 Public library or other internet access  
 None
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**General Feedback: Use this space to tell us how to best support your household in preparing for an emergency.**

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