## Emergency Preparedness Questionnaire

Names of Adults in Home
Names of Children in Home and Age    Name(s) and types of pets in home
Emergency Contact (Local and Out of Area Preferred)  Name of Contact / Relationship
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Special Needs Information: (Elderly, young children, disabilities, daily medicine, medical equipment needs or anything that might require assistance from neighbors)  Please describe in detail or indicate YES and a neighbor will clarify during the disaster:  Propane Tank on Property: YES NO (Please describe its exact location)
Special Needs Information: (Elderly, young children, disabilities, daily medicine, medical equipment needs or anything that might require assistance from neighbors)  Please describe in detail or indicate YES and a neighbor will clarify during the disaster:  Propane Tank on Property: YES NO (Please describe its exact location)
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equipment needs or anything that might require assistance from neighbors)  Please describe in detail or indicate YES and a neighbor will clarify during the disaster:  Propane Tank on Property: YES NO (Please describe its exact location)
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✓ Please check if you have the following skills / knowledge / equipment / supplies
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□First Aid Skills □Child Care Skills □Elder Care Skills □Search/Rescue Skills
□Plumbing Skills □Carpenter Skills □Electrician Skills □Crisis Counseling Skills
□Fire Fighting Skills □Organizational Skills □Leadership Skills □Tents/Bedding
□Spare Rooms □First Aid Supplies □Chain Saw □Fire Extinguisher □Hoses
□Ladder □Camp Stove □Propane Grill □Rope □NOAA/Battery Radio
□Crowbar □Alternate Heat Source □Walkie-Talkie(s) □Generator □Boat

Please detail below or on the back of this form anything else about your family or home that your neighbors need to know during a disaster (spare keys with a neighbor, who you notify when you are out of town or any other skills, knowledge, equipment or supplies that you have.)