

RESIDENT/HOUSEHOLD INFORMATION

Neighborhood Sub-Area: _____ Street: _____ Collected By: _____ Date: _____

The following information will be shared by your street Block Preparedness Coordinators with your NPC and Association Emergency Preparedness Committee. NOTE to BPC: send a copy to your NPC and keep a copy in your files.

PRINTED NAME: _____
Adult 1: _____
Home PH: _____ Work PH: _____
Cell PH: _____ Email: _____
Adult 2: _____
Home PH: _____ Work PH: _____
Cell PH: _____ Email: _____
Other Adults: _____
Children (names, age, DOB & school): _____

EMERGENCY MEETING PLACES

Near home _____
Out of neighborhood _____
 Someone in my household will need special help during an emergency owing to age, handicap, illness, critical medical devices, etc. Specify nature of need and emergency contact (name, address, phone, email): _____

 Location of Vial of Life _____
 Special Medications _____

 Special Instructions to rescuer _____
 Allergies _____

Signature: _____

OTHER CONTACTS FOR EMERGENCY USE ONLY

Are you home during the day? Usually Seldom

LOCAL CONTACT who might know where you are if you are **not** at home:
Name: _____ Ph: _____

LOCAL CONTACT who should be notified if you need assistance:

Name: _____ Ph: _____

OUT OF STATE CONTACT:

Name: _____ Ph: _____

Name: _____ Ph: _____

PHYSICIAN

Name: _____ Ph: _____

Medical No.: _____

PETS

- I have pets that would need rescue or care in an emergency.
- Dogs (specify name, breed, size, disposition...)
- _____
- Cats Indoor Outdoor (specify name, size...)
- _____
- Other pets _____
- I give permission to evacuate pets if no one is home. Initial(s) _____

Allergies _____

These skills are available in your household

- Firefighter
- Military Reserve
- Paramedic
- Doctor (MD)
- CPR
- CERT
- HAM radio operator (licensed)
- GMRS radio
- Crisis counseling (psychologist, therapist, etc.)
- Veterinarian
- Civil engineer
- Construction/building
- Plumbing
- Foreign Languages spoken – please list: _____
- _____
- _____
- Other emergency skills – please specify: _____
- _____
- _____

- I would like more information on BPC Program
- I would like to become a BPC
- I would like more information on CERT
- I would like to become a CERT

Please return this form to your Block Preparedness Coordinator ASAP:

Name: _____ Address: _____ Ph: _____

Or to your Emergency Preparedness Chair:

Name: _____ Address: _____ Ph: _____

Check items you have and would share with neighbors during an emergency

- Cell phone
- Phone connected to wall outlet (powered over phone lines)
- Bicycle
- 4-wheel drive vehicle
- Emergency water supply:
- Fire extinguisher(s)
- Major first aid supplies (more than band-aids)
- Medical equipment:
 - Crutches
 - Wheel chairs
 - Walkers
 - Portable toilets
 - Other _____
- Spare camping gear, blankets, tents, etc.
- Barbeque pit
- Basic tools:
 - Shovels
 - Wheelbarrow
 - Crowbar
- Electrical generator
- Chain saw
- Other useful heavy equipment (specify): _____
- _____
- _____

Other helpful information

- I would be willing to:
- Carry messages during an emergency as a runner
 - Translate
 - House a neighbor, if needed
 - Help care for the children
 - Help care for the animals
 - Help BPC/NPC as Scribe
 - _____
 - _____