



Household Survey

Please provide the following information so that we can assess the skills, tools and equipment that might be available to our neighborhood during and after a disaster.

Name (household contact) _____

Address _____

Phone (home/cell/work) _____

of residents in household _____

Check the appropriate box if you have the following items and are willing to share them with the neighborhood in the event of a disaster:

- | | |
|--|--|
| <input type="checkbox"/> Axe | <input type="checkbox"/> Portable Kitchen/
Food Truck |
| <input type="checkbox"/> Chainsaw | <input type="checkbox"/> Power Drill |
| <input type="checkbox"/> Crowbar | <input type="checkbox"/> Radio (Battery-Powered) |
| <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Strong Rope |
| <input type="checkbox"/> First Aid Kit | <input type="checkbox"/> Shovel |
| <input type="checkbox"/> Generator | <input type="checkbox"/> Propane Grill |
| <input type="checkbox"/> Gloves | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Heavy Jack | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Ladder | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Lawn Equipment | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Plastic Tarp | <input type="checkbox"/> _____ |

Please indicate if you or anyone in your household has training or skills in the following and are willing to assist with our neighborhood’s emergency response efforts.

- | | |
|---|---|
| <input type="checkbox"/> Assistance w/ Processing
(Insurance, FEMA, Small
Business Association, etc.) | <input type="checkbox"/> First Aid/CPR |
| <input type="checkbox"/> Caregiving | <input type="checkbox"/> Logistics/Coordination |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Management |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Cooking/Serving | <input type="checkbox"/> Social/Behavioral Services |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Tree Removal |
| <input type="checkbox"/> Emergency Operations | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Equipment Operation | <input type="checkbox"/> _____ |
| | <input type="checkbox"/> _____ |

Please indicate individuals in your household with special needs who may require special assistance in the event of an emergency. (This information can be provided at the resident's discretion and willingness to share with the neighborhood leader).

Special needs of those in household (e.g., elderly, medical equipment dependent, etc.)

Specify any physical features and potential hazards in our neighborhood.

Physical features/potential hazards near your home or in neighborhood (e.g., trees near power lines, low-lying areas with poor drainage, at-risk structures, etc.)
