

Name of resident surveyed: _____

Service animals (Seeing Eye Dog, etc.)

YES NO

	Does your household have a service animal?		
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Service animal's name: _____ Type of animal: _____

PETS

	Does your household have pets?		
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If so, how many pets does your household have and what kind of animals are they? Please list all pets below.

Pet name: _____ Type of animal: _____

Pet name: _____ Type of animal: _____

See back page for more names



Pet care	Will anyone be able to care for your animal(s) (provide food, shelter, veterinary attention, etc.) during and after a disaster?		
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DAILY LIVING

Water Service	Will your household be able to still have water service & heat their water if power is cut off for several days?		
Heating	Could you heat the house with non-electrical equipment, such as propane heater, wood stove, kerosene heater?		
Cooking	Would they still be able to cook with the power off?		
	Does any member in your household have a BBQ grill w/ extra propane tank or a propane/fuel camping stove w/ extra fuel?		

EQUIPMENT

Electricity-Dependent Equipment	Does your household have a safe back-up power supply and how long will it last?		
	Does your household have a generator?		
	Does your household have a phone that works when the power goes off?		
	Does anyone in your household have a cell phone that works from your home?		
	Does anyone in your household have a battery-powered radio?		
Planning	Does your household have a home evacuation plan?		

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MEDICAL NEEDS

YES NO

Medications	Does anyone in your household have any special medical needs?		
	Do they need someone to help them with their daily medications?		
	Do they usually have enough medication to last 72 hours?		
	Will your household require the use of equipment that runs on electricity, such as dialysis, electrical lifts, etc. in the event of a disaster?		
	Do you have medications that require refrigeration		

GETTING AROUND

Transportation	Does anyone in your household need a specially equipped vehicle or accessible transportation?		
	Do they have their own transportation?		
Adaptive Feeding Devices	Does anyone in your household use special utensils that help them prepare or eat food independently?		
Getting Help	Will they be able to call or summon for the help if they need to leave the building?		
	Will your hearing aids work if they get wet?		
	Has your family determined how to communicate with emergency personnel if they don't have an interpreter, their hearing aids aren't working, or if they don't have a word board or other augmentative communication device?		

Signature of resident surveyed: _____ Date: _____

Notes (continue on back if more space is needed)
