

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. All information will be kept confidential and used only for emergency preparedness.

**READY TO RESPOND**

Resident

Survey

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| Part One: Basic Household Information | | | | | | | |
| Primary contact |  | | | | | Apt No. |  |
| Birthdate |  | | | 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 services animal | | |
| At-home caregiver – list name and number: | | |  | | | | |
| Additional questions (check if these apply to you or anyone in your household) | | | | | | | |
| Are you deaf or blind? | | | Do you have pets? | | | | |
| In the event of a power outage, would you need help using the stairs? | | | | | | | |
| 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?  Enterprise Community Partners, Inc. | | | | | | | |

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| If there is an evacuation, where will you and your household members go? | | | |
| Name |  | | |
| Address |  | | |
| Phone |  | Email |  |

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| 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 |
| Twitter | Resident meetings | Paper forms / surveys | |
| Which best describes your internet access? | | | |
| Computer / laptop with internet connection | | Smartphone with internet connection | |
| Public library or other internet access | | None | |
| Would you or anyone in your household attend a resident meeting, training or event about emergency preparedness?  Yes  No | | | |
| Would you or anyone in your household like to be a floor captain? (See the *Floor Captain Guide* for more information)  Yes  No | | | |

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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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Enterprise Community Partners, Inc.