



READY TO RESPOND

Resident Survey

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.

Part One: Basic Household Information			
Primary contact		Apt No.	
Birthdate		Email address	
Home phone		Cell phone	
Languages spoken		Preferred language	
<input type="checkbox"/> 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?			
<input type="checkbox"/> Cane	<input type="checkbox"/> Wheelchair	<input type="checkbox"/> Walker	<input type="checkbox"/> Oxygen
<input type="checkbox"/> Powered medical device	<input type="checkbox"/> Refrigerated medications	<input type="checkbox"/> Special services animal	
<input type="checkbox"/> At-home caregiver – list name and number:			
Additional questions (check if these apply to you or anyone in your household)			
<input type="checkbox"/> Are you deaf or blind?	<input type="checkbox"/> Do you have pets?		
<input type="checkbox"/> In the event of a power outage, would you need help using the stairs?			
<input type="checkbox"/> Do you have special skills useful during an emergency? (Please list)			
<input type="checkbox"/> Do you have dietary restrictions? (please list)			
<input type="checkbox"/> Do you provide care to someone outside your household?			

