



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"/> Crow Bar | <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"/> _____ |

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.)
