

***Your Street Name Here* NEIGHBORHOOD CENSUS FORM**

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Out-of-state emergency contact check-in (name, phone number, and e-mail)

FAMILY MEMBER NAMES

Please specify age (can be helpful in making identification), children’s weight, and any family member medical conditions in case of medical emergency. Attach additional pages if necessary.

	Name	Age	Wgt	Medical Issues
1				
2				
3				
4				
5				
6				

PETS

For your pets’ safety and ease in evacuation, please make sure to keep carriers on hand for all pets, as well as leashes and muzzles for dogs (which will be required on any transport and in shelters). Keep on hand emergency stash of pet food, bowls, and any medications. *For dogs, please indicate breed.* Attach additional pages if necessary.

	Name	Type of Pet	Breed (if helpful)	Friendly?
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No

SKILLS & TOOLS INVENTORY

The following information is needed to assess the skills, tools, equipment and supplies that might be available in our neighborhood, and to determine what is still needed for our neighborhood families to be sufficiently prepared.

Please circle if you or anyone in your family has training or skills in the following areas:

Doctor / Nurse / EMT / Paramedic	Other Radio / Comm Operations
Light Search & Rescue	Police / Fire / CERT Training
First Aid / CPR	Mental Health / Counseling
Child Care / Pet Care	Cooking / BBQ
Leadership Abilities	Carpentry / Plumbing / Electrical
Diversionsary Activities	Other
Ham Radio <i>Call sign:</i> _____	

Please circle if you have any of the following items and note location:

Crank Radio	Bolt Cutters / Heavy Jack / Winch
Comprehensive First Aid Kit	Walkie-Talkies / FRS Radio
Chain Saw / Strong Rope / Ladder	Wheel Chair / Wheel Barrel
Motor Home / Motor Bike	Generator / Fire Extinguisher
Tent / Cot / Stretcher	Water Barrels / Purifier
Axe / Shovel / Crow Bar	Portable Toilet / Privacy Shelter
Tarps / Blankets	Bottled Water / Canned / Dried Food
First Aid Supplies	Pet Food & Supplies

Location of Gas Shut off: _____

Location of Main Water Shut Off: _____

In the event of a major disaster you and/or your children may be trapped, injured or away from home. Children and pets will be especially vulnerable if home alone when a disaster strikes. Gas and water may need to be shut off to prevent a secondary disaster. Like you, we value our privacy and equally respect yours. However, in a disaster situation, personal and neighborhood safety and survival should take precedence. In the event of a disaster, you give your permission to your volunteer Neighborhood Disaster team to enter onto your property for purposes of light search and rescue, turning off utilities (if necessary), caring for pets and procuring potentially lifesaving items that you have volunteered to contribute to your Neighborhood Disaster Plan in an emergency. Thank you for your commitment to the safety of our neighborhood and we look forward to seeing you at our organizing meeting.

Signature _____

Date _____