Neighborhood: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City Map #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home GPS Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apartment # (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit # (if any):\_\_\_\_\_\_\_

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Residents: \_\_\_\_\_ Pets:\_\_\_

Defensible space has been created at my residence \_\_\_\_yes \_\_\_\_no

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Adult Residents (18 years and older)** | | | |
|  | **NAME:** | **Cell Number:** | **Email Address:** | **Special Needs:** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |

Adult Skills (place a checkmark next to applicable skills; insert adult # (from list above) who has the skill):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Skill:** | **Adult #:** | **Skill:** | **Adult #:** | **Skill:** | **Adult #:** |
| First Aid Certified |  | Child Care |  | Elder Care |  |
| Nurse or EMT |  | Medical M.D. |  | Fire fighting |  |
| Crisis counseling |  | Search & Rescue |  | Flagger trained |  |
| Plumbing |  | Carpentry |  | Electrical |  |
| Runner |  | Organizing |  | CERT Trained |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Children (under 18)** | | | |
| **Name of child (oldest first):** | **Child's cell #:** | **Birth Year:** | **Special Needs:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Pet Type:** | **Pet Name:** | **Special Needs / Notes:** |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Emergency Contact: (first & last name)** | **Phone number:** | **Email:** |
|  |  |  |
|  |  |  |

Resources / Equipment / Supplies: (place a checkmark in the item is usually available at the residence):

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Resource** | **√** | **Resource** | **√** | **Resource** | **√** | **Resource** | **√** |
| Electrical generator |  | Alternate heat source |  | Propane grill |  | Camp stove |  |
| First Aid Supplies |  | Bedding |  | Tent |  | Rope |  |
| Fire Extinguisher |  | Hoses |  | NOAA Radio |  | Walkie-Talkies (FRS radios) |  |
| HAM Radio |  | Solar-Powered charger |  | Tractor / backhoe |  | RV / Camper |  |
| Crowbar |  | Ladder |  | Chainsaw |  | Backboard |  |

In an emergency the following is offered at this residence:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child -care Center |  | Meeting/Gathering center |  | First aid center |  |
| Communications post |  | Pet care center |  |  |  |

Gas shut-off location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Propane tank?\_\_\_\_\_\_\_ If yes, location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other information: (spare key/travel notification person/special skills/ etc): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sign: Person reporting info for household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Neighborhood organizer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Neighborhood ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_