

## INDIVIDUAL NEEDS SURVEY

This Individual Needs Survey will identify those congregants that might need extra help in the event of a disaster. Use survey results to create a phone tree or other contact plan to implement both before and after the disaster event to keep informed on where congregants will be during the event and afterward what needs they have.

Name:  Phone Number: Cell Number: Email Address:	Spouse:  Phone Number: Cell Number: Email Address:
Address:	
Do you live alone?	
Alternate contact: Person and phone number	
Ages of Additional Household Members:	
Do you only speak a foreign language? No <input type="checkbox"/> Yes <input type="checkbox"/> Language (if applicable):	Residence Type: <input type="checkbox"/> Single Family <input type="checkbox"/> Mobile Home <input type="checkbox"/> APT                      ( ) # Floor
Are legally blind? <input type="checkbox"/> Deaf? <input type="checkbox"/> Mute? <input type="checkbox"/> Aphasic? <input type="checkbox"/>	Are you homebound? No <input type="checkbox"/> Yes <input type="checkbox"/>
Do you use a wheelchair: Always      Most of the Time      Sometimes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Do you use a walker/cane? Always      Most of the Time      Sometimes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Do you require a special diet? No <input type="checkbox"/> Yes <input type="checkbox"/>	List Special Medical Needs: (ex: homeless, severe cardiac, diabetic on insulin)
Do you rely on electricity for home medical treatments?  No <input type="checkbox"/> Yes <input type="checkbox"/>	Have you registered with the County Emergency Department for help in an evacuation? No <input type="checkbox"/> Yes <input type="checkbox"/>
Family Physician: Phone Number: Cell Phone:	Emergency Contact: Phone Number: Cell:
Do you have any dogs? Yes <input type="checkbox"/> No <input type="checkbox"/> Do you have any cats? Yes <input type="checkbox"/> No <input type="checkbox"/> How many: Note: not all shelters allow pets: make alternate arrangements before a disaster.	Do you have transportation in an emergency? No <input type="checkbox"/> Yes <input type="checkbox"/> Would you need transportation in an emergency? Standard Vehicle <input type="checkbox"/> Wheelchair access <input type="checkbox"/> Ambulance <input type="checkbox"/>