

## HURRICANE PREPAREDNESS QUESTIONNAIRE

Name: \_\_\_\_\_

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

\_\_\_\_\_ Phone: \_\_\_\_\_

1. Do you have special medical needs? Yes\_\_\_ No\_\_\_  
If so, describe\_\_\_\_\_.
2. Are you registered with the County Shelter System? Yes\_\_\_ No\_\_\_
3. Do you need assistance in determining your eligibility or in applying for a shelter where appropriate medical care would be provided. Yes\_\_\_ No\_\_\_
4. Do you need transportation to a shelter? Yes\_\_\_ No\_\_\_
5. Are you in a mandatory evacuation area? Yes\_\_\_ No\_\_\_
6. Would you evacuate if not mandatory? Yes\_\_\_ No\_\_\_
7. Do you have a place to evacuate to, if not going to a shelter? Yes\_\_\_ No\_\_\_
8. If you evacuate, do you have pets that need to be provided for? Yes\_\_\_ No\_\_\_
9. If going to a shelter, are you prepared to be self sufficient, i.e., sleeping bag, linens, food, water, etc? Yes\_\_\_ No\_\_\_
10. If evacuating, would you be able to get necessary documentation to take with you, i.e., passport, checking account number, insurance policies or numbers, names and dosages of prescription medicines, etc. Yes\_\_\_ No\_\_\_  
Or would you need help obtaining these documents? Yes\_\_\_ No\_\_\_
11. Concerning your home, do you need help putting up your shutters?  
Yes\_\_\_ No\_\_\_
12. Would you need help bringing in outdoor furniture before the storm?  
Yes\_\_\_ No\_\_\_
13. During the storm would you be able to house another parishioner who needed to evacuate their home? Yes\_\_\_ No\_\_\_
14. Do you have family nearby to assist you before/during/after the storm?  
Yes\_\_\_ No\_\_\_
15. Do you have a car? Yes\_\_\_ No\_\_\_

16. Do you have a generator? Yes\_\_\_ No\_\_\_
17. If you have a generator, is it connected to your house panel? Yes\_\_\_ No\_\_\_
18. Do you know how to, and are you physically able to, operate your generator?  
Yes\_\_\_ No\_\_\_
19. If staying home, do you have adequate supplies, i.e., batteries, food, water, gas, flashlights, etc. (County is recommending 5-7 days worth) Yes\_\_\_  
No\_\_\_ If no, do you need help obtaining above items? Yes\_\_\_ No\_\_\_
20. Are you aware of distribution center locations for ice, water, mres? Yes\_\_\_  
No\_\_\_
21. Do you have a way to prepare your meals? Yes\_\_\_ No\_\_\_
22. Do you take medicines that need to be refrigerated? Yes \_\_\_ No\_\_\_
23. Do you have an adequate supply of medicines on hand? Yes\_\_\_ No\_\_\_
24. If you **do not** need assistance before or after a storm, are you willing to be called upon to help others? Yes\_\_\_ No\_\_\_.
25. Do you have a cell phone that we can communicate with you after the storm?  
Yes\_\_\_ No\_\_\_ If yes, would you give the number?\_\_\_\_\_
26. If you had yard debris, would you need help clearing it? Yes\_\_\_ No\_\_\_
27. If you had damage to your home, would you need help with minor emergency repairs? Yes\_\_\_ No\_\_\_
28. If you live in a multi-story complex, were your elevators operable during the power outage? Yes\_\_\_ No\_\_\_

Other comments or suggestions: \_\_\_\_\_  
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