



Block # _____ Coordinator _____

EMERGENCY ASSISTANCE INFORMATION FORM

This information to be used solely for the purpose of the LVHA Emergency Response Plan, i.e. emergency preparedness and response to emergencies affecting our community. Please complete and return to the LVHA Business Manager.

Date:	Address:	Residence Phone:		
Adult Residents	Name	Cell Phone	e-mail	Workplace Location
Children	Name	Birth Mo/Yr	Cell Phone	School
Out of Area Contact	<i>Often in an emergency, calls out of our area codes can be successful. List name & phone.</i>			
Pet(s)	List type of animal, name, description, chipped <input type="checkbox"/> Yes <input type="checkbox"/> No			
Individual Needs Please describe	Mobility (wheelchair, walker, cane); Life support (dialysis, respirator, oxygen, essential medications); Disability (vision, hearing, speech, cognitive, psychiatric); Medical condition; Language (non-English)			
	Name	Need(s)		
	Name	Need(s)		
	Name	Need(s)		
Skills	CERT (note expiration date), CPR, First Aid, EMT, Medical Doctor, Nurse, Search And Rescue, animal care/rescue, construction, engineer			
	Name	Skill(s)		
	Name	Skill(s)		
	Name	Skill(s)		
Resources				
Lifting Tools	<input type="checkbox"/> Come-Along cable winch <input type="checkbox"/> Hoist <input type="checkbox"/> Hydraulic jack <input type="checkbox"/> Pry bar _____ ft.			
Gas Powered	<input type="checkbox"/> Chain saw _____ in. bar <input type="checkbox"/> Tree pruner			
Battery Powered	<input type="checkbox"/> Circular saw <input type="checkbox"/> Chisel <input type="checkbox"/> Drill <input type="checkbox"/> Reciprocating saw <input type="checkbox"/> Winch			
Water Source	<input type="checkbox"/> Swimming Pool _____ gal. <input type="checkbox"/> Hot Tub or Spa _____ gal. <input type="checkbox"/> Pond _____ gal.			
	<input type="checkbox"/> Water/Fire pump: Gas <input type="checkbox"/> Electric <input type="checkbox"/> _____ gal. per minute _____ ft. of hose			
Electric Power	<input type="checkbox"/> Generator: _____ watts <input type="checkbox"/> fixed/transfer switch <input type="checkbox"/> portable <input type="checkbox"/> Solar with battery backup			
Fuel	<input type="checkbox"/> Propane _____ gal. <input type="checkbox"/> Grill <input type="checkbox"/> Camp stove <input type="checkbox"/> Heater			
Shelter	<input type="checkbox"/> Tent(s) for _____ people <input type="checkbox"/> Canopy _____ sq. ft. <input type="checkbox"/> Recreational Vehicle for _____ people			

Vehicles	Describe color, make and model, year, pickup, 4WD, ATV, SUV, dirt bike
Amateur Radio	<input type="checkbox"/> Ham Radio Licensee Name(s): _____ <input type="checkbox"/> GMRS Radio <input type="checkbox"/> Family service radio <input type="checkbox"/> Satellite wireless Are you willing to participate in the neighborhood radio network? <input type="checkbox"/> Yes <input type="checkbox"/> No
Other Resources (describe)	
Communications	Want to be on your neighborhood block email list? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you on LVHA Big Tent? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you on NextDoor? <input type="checkbox"/> Yes <input type="checkbox"/> No
Volunteer?	Are you willing to be a Neighborhood Emergency Team member? <input type="checkbox"/> Yes <input type="checkbox"/> No Skills or interest in: <input type="checkbox"/> NET Coordinator/Block Captain <input type="checkbox"/> Fire Suppression <input type="checkbox"/> Search and Rescue <input type="checkbox"/> First Aid <input type="checkbox"/> Child Care <input type="checkbox"/> Animal/Pet Care <input type="checkbox"/> Communications Are you willing to be a LVHA Community Emergency Response Team member? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional Information (Skills, Needs)	