



Block #
<p align="center">EMERGENCY ASSISTANCE INFORMATION FORM</p> <p>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.</p>

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, note if 4WD; include ATV, SUV, dirt bike
Amateur Radio	<input type="checkbox"/> Ham Radio Licensee Name(s): _____ <input type="checkbox"/> General Mobile Radio Service (GMRS) <input type="checkbox"/> Family Radio Service (FRS) <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 Nextdoor? <input type="checkbox"/> Yes <input type="checkbox"/> No Want to be on your neighborhood phone tree? <input type="checkbox"/> Yes <input type="checkbox"/> No #(s) _____ Want to be on your neighborhood mobile text list? <input type="checkbox"/> Yes <input type="checkbox"/> No #(s) _____ Are you signed up for Alert Marin? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you signed up for Nixle? <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)	