

PARISHIONER QUESTIONNAIRE

Name (Printed): _____

This questionnaire will help the Parish Disaster Leadership Team determine parishioners' special skills in response to disaster, as well as needs that might make them vulnerable in a disaster. Information supplied will be kept confidential, and will only be used by parish clergy and the Disaster Leadership Team to involve parishioners appropriately in disaster response.

Each adult in the household should complete a separate questionnaire.

Name: (Last, First)		Spouse's/Partner's Name (Last, First)	
Address:		City:	ZIP:
Home Phone:	Cell Phone:	Office Phone:	
Names and ages of additional household members:		Emergency contact (not living with you): Name: Address: Phone(s):	

SPECIAL NEEDS

Does anyone in your household speak only a language other than English? Language:	<input type="checkbox"/> yes <input type="checkbox"/> no
Medical disability (are you blind, deaf, mobility impaired?) Explain.	<input type="checkbox"/> yes <input type="checkbox"/> no
Special medical needs (i.e., severe cardiac condition, diabetic on insulin, etc.) Explain.	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you rely on electricity for home medical treatments?	<input type="checkbox"/> yes <input type="checkbox"/> no
Are you homebound?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you use a wheelchair?	<input type="checkbox"/> always <input type="checkbox"/> most of the time <input type="checkbox"/> sometimes
Do you use a walker or cane?	<input type="checkbox"/> always <input type="checkbox"/> most of the time <input type="checkbox"/> sometimes
Do you require a special diet? Type:	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have pets? If yes, what kind and how many?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you need transportation in an emergency? If yes, what type (i.e., standard vehicle, wheelchair access, ambulance):	<input type="checkbox"/> yes <input type="checkbox"/> no
Is a plan in place where you live to accommodate these needs in a disaster situation?	<input type="checkbox"/> yes <input type="checkbox"/> no
After a major disaster or emergency: (1) please call or check on me OR (2) I will call the parish office to let you know my status	<input type="checkbox"/> yes <input type="checkbox"/> no
	<input type="checkbox"/> yes <input type="checkbox"/> no
Is there anything else we should know?	<input type="checkbox"/> yes <input type="checkbox"/> no

Signature

Date

Continue on next page if you would like to volunteer your skills, abilities or resources during a disaster.

SPECIAL SKILLS AND RESOURCES

Name (Printed): _____

During a disaster I would volunteer to utilize the special skills, abilities or family resources listed below:

(**Note:** any volunteer contact with youth requires completion of “Safeguarding God’s Children” or comparable training offered through the local school district, police department or hospital.)

SKILL	For Parish	For Wider Community
Language(s) — please list	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Evacuation	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Clean-up	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Emergency babysitting at home (how many children)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Emergency babysitting at church or shelter (how many children)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Transportation to doctor (how many people)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Provide vehicle for evacuation or clean-up	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Provide boat for evacuation or clean-up	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Provide aircraft for evacuation or clean-up	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Provide portable generator	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Provide temporary housing in home (how many people)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Provide nonperishable food	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Provide bottled water	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Provide hot meals or a covered dish	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Provide emergency pet care	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Provide emergency pasture for large animals	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Cook/serve meals	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Have First Aid and/or CPR certification	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Blood donation	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Will pray with/for victims and survivors	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Other (specify)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
PROFESSIONAL SERVICES		
Medical assistance (RN/LVN, MD, EMT, etc. — specify)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Legal assistance	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Counseling assistance (LSW, LPC, etc.)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Certified Chaplain	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
HAM radio operator	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Professional rebuilding assistance	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Professional tree services and removal	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Other:	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
OTHER SKILLS OR RESOURCES		
Other disaster training (CERT, ARC, UMCARE)	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Case management	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no
Other (please specify):	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no