

ROSSMOOR

Emergency Preparedness Organization Resident Questionnaire

Please print

Date _____ Your name _____

Address _____ Entry number _____

Home phone () _____ Cell phone () _____

E-mail address(es) _____

Other occupants

Name _____ Relationship to you _____

Name _____ Relationship to you _____

Caregiver(s)

Name _____ (Circle) Day Night Live-In

Name _____ (Circle) Day Night Live-In

Pets

Type _____ Name _____ Age _____ Stranger-friendly? Yes No

Type _____ Name _____ Age _____ Stranger-friendly? Yes No

Your special skills (Check all that apply) First aid _____ Medical training _____

Physician _____ Nurse _____ CPR _____ Physical therapist _____ Counselor _____ Police _____

CERT training _____ CB/Ham/FRS _____ Plumber _____ Firefighter _____ Electrician _____

Construction _____ Other (specify) _____

Your equipment (Check all that apply) golf cart _____ ladder _____ flashlights _____

hand truck or dolly _____ battery/crank-operated radio _____ first aid kit _____

CERT backpack _____ crowbar _____ camping gear _____

Other (specify) _____

Please turn form over and complete the other side.

Your physical limitations (Check all that apply) balance ___ dizziness ___
vision impaired ___ hearing impaired ___ allergies (specify) _____ depression ___
uses oxygen tank _____ Other (specify) _____

Emergency contacts (family or friends)

(1) Name _____ Relationship to you _____

Phone 1 () _____ Phone 2 () _____

(2) Name _____ Relationship to you _____

Phone 1 () _____ Phone 2 () _____

(3) Name _____ Relationship to you _____

Phone 1 () _____ Phone 2 () _____

Please circle your answers

- Would you need help to leave your manor in an emergency? Yes No
- I use a cane walker wheelchair oxygen tank hearing aid/s none of these
- Do you have an EVAC PAC or other bag on your front door knob that contains (1) a list of your medications and (2) a week's supply of meds? Yes No

*****The more specific the information you provide, the more likely you are to receive faster and better assistance in an emergency.*****

Return this form to (or call and we'll pick it up):

Entry or Building Coordinator's name _____

Address _____ Entry _____

Phone 1 () _____ Phone 2 () _____

Please use the space below to add more information and/or suggestions. Please call if you have questions.
