South Parrett Mountain - Emergency Plan (SPM-EP)

Neighborhood Disaster Resource Inventory Resident Questionnaire

Today's Date Location Code

Space filled In by Data Base Entry Person

In order to have a successful neighborhood emergency plan, it is important to know the people in our community. By compiling profiles of our neighbors, their personal skills and resources, it will allow our community to implement a neighbors helping neighbors emergency plan during and following a disaster in our area. Your information will only be used for the purpose of our SPM-EP with the data bank created to be called upon in the event of a disaster. Please provide as much information as you would like the SPM-EP data bank to have on file. Participation is voluntary; however, we strongly suggest that you and your family be a part of our community emergency plan as we will need the support of each other in an emergency.

we will no	eed the	su	pport of eac	h oth	er in a	an emergen	cy.														
					Fami	ly information								County							
Name						Street Address								у	Z						
Mailing address If different than street address																					
Names of occupants living your home						Home Phone			Cell Phone	Work Ph	one	E-Mail Address									
	Are there people living in your home that have special needs																				
Name of oc	cupant			Mobility needs or any special medical requirements or assistance																	
						Pet and I	ivest	ock	informati	on (inc	licate qua	ntity)								
Dogs	Cats		Horses	Cat	tle	Lamas/Alpacas Goats/Sheep								Other							
	Can you provide assistance with horses, livestock, dogs, or cats																				
Can you tra	iler horse	es or	r livestock	Car	n you h	ouse horses or livestock Can you house dogs or cat							s C	Comment							
Would you be willing to house neighbors whose homes have become uninhabitable due to disaster caused damage																					
No	Yes		If yes, how mar	ny peo	ple cou	ld you house			Comments	i											
					W	ould you be v	willin	g to	provide,	in you	home, da	aily c	are for:								
Child Care – If yes, how many Elder Car						e – If yes, how many Comments															
Do you have a large building such a shop, barn, etc. that you would allow use for triage, shelter or gatherings. If so please describe below																					
Equipment and supplies you could share - (mark quantity/comments next to the item)																					
					Portable Propane Heater			Chain Saw Car			mp Stove Te			ents			Cots				
Bedding Motor Home/ Camper				Truc	ck, 1 ton or larger		Utility Trailer			Horse Trai		r Liv		vestock Trailer		Wheeled Tractor					
Bulldozer Excavator/Trackhoe				Qua	Quad/ATV			Pack or Trail Horses L				arge supply	e supply of potable water				Satellite Phone				
Other																					
						Personal	skills	you	u can offe	r (mar	k X next to	skil	I)								
CERT Qualified Doctor MD Dentist				ntist	Nurse Ve		et EMT			Fire Fighting	e Fighting		Rescu	cue Mili		tary	FEMA		NIMS		
Crisis Mgt.	sis Mgt. Counselor for mental Health Law		Law E	Enforcement Lega		al	Child Care	e	Elderly Care		Compute	r I	Phone		Plumbing		Elec	ctrical			
Constructio	n H	Radio Operator	Speak	Other Languages Other																	
Add Comm	ents or su	ıgge	estions here or o	on the	back of	this page:															

Please mail the completed form to: Questions – call Phil Morton 503-449-8831

LHNA's SPM-EP PO Box 2556 Wilsonville, OR 97070 or Email to: info@spm-ep.org www.SPM-EP.org or In person: at a LHNA or SPM-EP meeting