**(Church Name)**

Disaster Preparedness

&

Response Manual

(Church Address | Church Phone)

(Church Website | Church Email)

Modified: 6/7/21

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**GENERAL PREPAREDNESS TIMELINE**

**DECEMBER**

1. A copy of insurance policy will be given to all members of the Property and Finance Committees for review of coverage for wind, fire and flood. Need to take into consideration new building codes - coverage will need to support this.

**JANUARY**

1. The Finance and Property Committees will schedule a meeting to discuss insurance coverage for wind, fire and flood. If updates to coverage’s are needed, recommendation will be given to Session for approval.

2. Property Committee will do an annual inventory. Inventory will be updated as needed throughout the year.

3. Send a copy of the Disaster Preparedness and Response Manual to all Session members to review and come with recommendations for discussion at the stated February Session meeting.

**FEBRUARY**

1. Annual review of Disaster Preparedness and Response Manual by Session, Finance, Property Committees, and Staff recommendations made for any updating needed at the stated February Session meeting.

**MARCH**

1. Member Preparedness Survey to be conducted by Congregational Care Committee and completed by April 1.

2. Property Committee will assess the condition of the grounds around the church buildings for any potential hazard during time of storm i.e. tree branches, minor repairs to building, fences and begin repairs or removal.

**APRIL**

1. All Member Preparedness Surveys need to be submitted to the church office.

**MAY**

1. Church Administrator will compile a list of all current vendors used by the church i.e. suppliers, service people, insurers and insurance agents. All ongoing facility users will be notified of the church’s closing procedures of the building once we are under a hurricane warning.

2. Pastor and Church Administrator will review and compile a list of staff, members and officers identifying the line of communication in time of disaster. This list will be distributed to Session and Staff.

3. The Mission Committee will contact the local emergency agencies to update assistance information and needs of the community.

4. Church Administrator using the data collected in 1,2,3, above will update manuals and distribute to Session, Property and Finance Committee Members and Staff.

5. Pastoral staff and Church Administrator will designate the line of communication members should use in order to help keep the church informed of members’ whereabouts and condition following a disaster.

**LINE OF COMMUNICATION FOR IMPLEMENTATION**

In the event of an approaching hurricane or other form of disaster the following line of communication would be used to implement the church’s Disaster Preparedness and Response Plan.

**The recommendation is for the Plan to be implemented when there is a hurricane watch indicating potential storm threat within three days.**

**Pastor OR Church Disaster Preparedness Leader**

**Clerk of Session and Church Administrator**

**Church Disaster Preparedness Leader will contact the Preparedness Team to begin preparation for interior and exterior of the buildings.**

**Areas for preparation:**

* **Education Building** - First and Second Floors - help CCC staff and other ministry partners as needed.
* **Response Team -** prepare equipment that will be needed for security of building and for cleanup of property after disaster.
* **Mission Convener and Members -** implement possible outreach to others, assist with preparation of supplies needed to provide assistance.
* **Musical Instruments -** cover all pianos, electrical equipment and hand-bells.
* **Sanctuary - Worship Division Members -** cover communion table, pulpit. Make sure banners and paraments are under protected cover. Put pew bibles and hymnals in plastic storage containers.

**Congregational Care Chair contacts members of committee to begin preparation for the care of congregational members that have requested assistance.**

**Staff members are to begin to prepare offices and equipment.**

*See Appendix page for names and phone numbers. Please update annually in April.*

**MEMBER CARE**

**PREPAREDNESS**

**1. Annual Survey of Member’s Plans - Pastoral Staff and Congregational Care Committee Members**

During the month of March a survey will be distributed by email, snail mail and handouts to the members of the congregation in order to gather individual preparedness information. The Congregational Care Committee Members will make follow-up calls on those members who have not responded. This information will be given to the church office for collating and reference by April 1.

A copy of the survey may be found in the Appendix following.

**2. Education and Communication - Church Disaster Preparedness Leader**

Educational materials will be distributed to church members in April and May of each year providing information regarding Dade and Broward Counties Emergency Shelters, guidelines, and preparedness checklists.

Identify call in phone numbers for use following a disaster and distribute. – All staff will be asked to download Ring By Name App on their phones.

**3. Preparedness Assistance - Pastoral Staff and Congregational Care Committee Chair**

The members of the Congregational Care Committee will be informed of members who have indicated a need for pre-disaster assistance. They will then either make an assessment visit or recruit volunteers to address the need indicated. Appropriate referral information will be supplied to members. A record should be kept of all activities by the committee members and volunteers.

**TIME OF DISASTER AND FOLLOWING - Pastoral Staff and Congregational Care Committee**

1. At the first indication of possible hurricane activity in our area, the Congregational Care Committee members are to call those members who requested assistance to determine if plans have been put into motion and if there are any needs. Inform the pastoral staff of needs, physical or emotional.

2. Immediately after a storm, as the situation allows, Church Staff, Session Members and Congregational Care Committee members are to inform the pastoral staff of neighborhood conditions so that pastoral staff can know where they are needed most.

3. Disaster response volunteers may be able to assist members with immediate clean-up needs after a priority assessment is made by pastoral staff and Church Disaster Preparedness Leader with the help of Congregational Care Committee Members.

4. If members are in shelters, pastoral care staff or Congregational Care Committee Member will visit and work with members and agencies to re-locate individuals as deemed appropriate.

**CHURCH FACILITY, EQUIPMENT AND GROUNDS**

**Preparedness - Church Disaster Preparedness Leader**

1. Throughout the storm season, June through November, Leader will be particularly vigilant for any exterior need that might become a hazard during a storm i.e. trimming and minor repairs. Church custodian should be able to help Leader with this task.

2. Supplies needed for preparedness should be checked and acquired, i.e. heavy duty plastic bags, tape, sand bags. Food and water (use for Riviera Food Pantry after season)

3. Supplies should be kept in one location in proper storage and an inventory list be given to the church office. Leader should make his/her volunteer team be aware of the location of the supplies.

4. Designation should be made as to whom the first church responders will be in case of reported damage.

**Preparedness - Church Office Staff**

1. Data and program back-ups are to be routinely (every two weeks minimum) made of all records with off-site safe storage provided or on the cloud.

2. Inventory data should be updated and copies placed in off-site, safe storage.

**Time of Disaster and After - Church Office Staff**

1. When a hurricane watch is declared preparations should begin to secure the interior including office machines, records, music files, musical instruments, and other equipment.

**Time of Disaster and After - Custodial Staff**

1. At the first indication of the approach of a storm, all items on the grounds such as signs, benches, etc. should be made secure, moved or removed.

**Time of Disaster and After - Pastor implements Line of Communication**

1. When a hurricane watch is declared pastoral staff will put the Preparedness plan into motion. Pastoral staff, committee chairs and office staff should be called and a review of the upcoming calendar made to determine scheduling, canceling, or postponing meetings, services and office hours. Also, leaders will begin preparedness procedures.

2. When a hurricane watch is declared preparations will begin to secure the exterior of the building.

3. Staff and designated officers will complete the Preparedness Check List.

4. Immediately following a disaster the pastor, office staff, custodian, session members, and Church Disaster Preparedness Leader will establish contact with one another by whatever means are available.

5. Church Disaster Preparedness Leader, pastoral staff, office staff, custodian, session members (per ability) after having cared for their own immediate personal household and family needs will begin the process of responding to member care needs and restoring the facility and grounds for use by emergency services and member services.

6. Spiritual support will be given to staff, officers and members by pastoral staff if possible.

7. Contact will be made with the Presbytery of Tropical Florida as quickly as possible following a disaster to update the Presbytery to after-storm conditions and needs.

**COMMUNITY AND AGENCY RELATIONSHIPS**

[List Your Area Counties] Emergency Management -

American Red Cross - 1-800- HELP NOW

FEMA - 1-800- 621 - FEMA (verify this number)

Presbytery of Tropical Florida 1-800-940-9511

Daris Bultena – 443-621-8022

Sandra Figueredo – 561-212-7303

Synod of South Atlantic 1-904-356-6070

Presbyterian Disaster Assistance 1-888-728-7228 x5840

Rev. Dr. Laurie A Kraus

[Your church] may be able to provide needed space and supplies to community response agencies following a disaster. This will need to be determined by the Session and Mission Committee Members.

Suggestions: Hurricane Kits - food and drink - to be provided to the needy. Guidelines will be needed to be prepared so that people won’t take advantage.

Hurricane Clean Up Kits - same as above.

Offer spiritual services

Send people to be trained in disaster relief and response

Questions for Session -

* Do we want to offer the facilities as a staging area for distribution for food, clothing, water and ice?
* Will we have the people power for this?

**APPENDIX**

**List of Staff and Session Members**

**List of Insurance Carriers and Suppliers**

**List of Emergency Shelters**

**Annual Member Survey**

**Check List for Preparedness**

**Volunteer / Equipment Form**

**To be updated annually in April (or as needed)**

**STAFF AND OFFICERS NAMES AND CELL PHONE NUMBERS**

**Pastor, [Name] - - - - - - - - [Phone]**

**Director of Music, [Name] - - - - - - - [Phone]**

**Clerk of Session, [Name] - - - - - - - [Phone]**

**Church Disaster Preparedness Leader, [Name]**  **- - - - [Phone]**

**Session Members Cell Phones**

* [Name] **- - - - - - - - [Phone]**
* [Name] **- - - - - - - - [Phone]**
* [Name] **- - - - - - - - [Phone]**
* [Name] **- - - - - - - - [Phone]**
* [Name] **- - - - - - - - [Phone]**

**Church Administrator, [Name] - - - - - - [Phone]**

**Church Custodian, [Name] - - - - - - - [Phone]**

**Child Care Center Director, [Name] - - - - - - [Phone]**

**Ministry Partners**

* [Name] **- - - - - - - - [Phone]**
* [Name] **- - - - - - - - [Phone]**
* [Name] **- - - - - - - - [Phone]**

**Renters**

* [Name] **- - - - - - - - [Phone]**
* [Name] **- - - - - - - - [Phone]**
* [Name] **- - - - - - - - [Phone]**

**LIST OF INSURANCE CARRIER**

**SERVICE PROVIDERS**

**SUPPLIERS**

***INSURANCE***

**Insurance Agent: [Name]**

[Company Info]

[Phone]

**Insurance Carriers:**

Property Insurance [Phone]

Policy #

**Windstorm Insurance -**

[Company Info]

[Phone]

Policy #

***SERVICE PROVIDERS***

**Electrical:**

[Company Info]

[Phone]

**Air Conditioning:**

[Company Info]

[Phone]

**Plumbing:**

[Company Info]

[Phone]

**Landscaping:**

[Company Info]

[Phone]

**House Keeping:**

[Company Info]

[Phone]

**Computers:**

[Company Info]

[Phone]

Serial #

**Copiers:**

[Company Info]

[Phone]

Serial #

**Phone Service:**

[Company Info]

[Phone]

Serial #

***SUPPLIERS***

**Vendor:**

[Company Info]

[Phone]

Serial #

**Member Preparedness Survey**

**The leaders of [Church Name] offer this survey as a way to help you become better prepared before a disaster strikes our area. The answers to these questions will also help us stay in touch with you and help anticipate your needs. Please take a few minutes and fill out this form. Then mail it to the church, scan and email to** [**[email address],**](mailto:rivierachurch@bellsouth.net,) **or bring to the church office, or bring it on Sunday and put in offering plate. We would like to have this information on hand by April 1. The Deacons will be calling to follow-up. Thank you for your quick response.**

**PLEASE PRINT:**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list names of people in your home:**

* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
* **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Flood Zone/Evacuation Level of your residence(circle):**

**A B C D E | non-evacuation area | not sure**

**1. Are you here year round?\_\_\_\_\_\_\_ If not, dates away?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. What are your plans in the event of a disaster? (Circle, then Indicate where if known).**

1. **Community shelter or care: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Evacuate to family/friends: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
3. **Evacuate to public shelter: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
4. **Remain at home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. How many pets and what kind to do have? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4. Do you have transportation if you are required to or feel it necessary to evacuate? Yes | No**

**5. Do you need help making pre-hurricane preparations? Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6. Do you need help with stocking supplies that you may need during the hurricane? Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**7. Is there a non-church contact that we can have on file in case of an emergency? Yes | No**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Located at [city & state]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**8. If you must evacuate and have no plan, would you be willing to go to the host home of a church member? Yes | No**

**If so, would you need transportation to your host home? Yes | No**

**Are you or a member of your family a smoker? Yes | No**

**9. Do you have special medical needs; i.e. medications, use of oxygen, allergy to smoke or pets? (Please list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**10. Will you need to bring with you? [Check mark what applies]: \_\_\_\_wheelchair \_\_\_\_walker \_\_\_\_raised toilet seat \_\_\_\_special tub needs \_\_\_\_\_\_other (please be specific) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**11. Do you have special dietary needs? Yes | No [Please list]: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check List for Preparedness**

**Congregational Care**

* Is member information complete?
* Are members in place to respond?
* Have members requesting assistance before a disaster been cared for?

**Church Property**

* Has the exterior of the building been prepared?
* Has the interior of the building been prepared?

**Church Office**

* Have records been backed up and taken off site?

**Pastor**

* Have designated officers and staff communicated with one another and confirmed that all is in readiness?

**Volunteer/Equipment Form**

*(please return completed form to the church office)*

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State. City, Zip Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Check:

**What area are you interested/able as a Disaster Preparedness Action Response Team member?**

\_\_\_\_\_ Help the church to become prepared and with post event clean up

\_\_\_\_\_ Call church members to make sure they are safe after local disaster

\_\_\_\_\_ Help with distribution of supplies: \_\_\_\_\_ Pre | \_\_\_\_\_ Post

\_\_\_\_\_ Serve on a work team

\_\_\_\_\_\_\_Locally \_\_\_\_\_\_\_\_Outside City \_\_\_\_\_\_ Outside State

**Do you have special talents that can be utilized following a disaster?**

\_\_\_\_\_ Cook

\_\_\_\_\_ Construction Experience

\_\_\_\_\_ Licensed Mental Health Therapist

\_\_\_\_\_ Medical (circle): Doctor | Nurse | Paramedic | Pharmacist

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Organizational Skills

\_\_\_\_\_ Pastoral

\_\_\_\_\_ Trained Red Cross Volunteer

\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have special equipment which could be used if necessary, such as:**

\_\_\_\_\_ Pick Up Truck \_\_\_\_\_\_ Generator

\_\_\_\_\_ Chain Saw \_\_\_\_\_\_ Wet Vacuum

\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you willing and able to host individuals or families post-disaster? Yes | No**

What kind of accommodation can you provide? [Respond with the amount]:

\_\_\_\_\_ Adults \_\_\_\_\_ Adults w/pets \_\_\_\_\_ Small Children \_\_\_\_\_ Female

\_\_\_\_\_ Male \_\_\_\_\_ Special Dietary Needs Person \_\_\_\_\_ Special Physical Needs Person \_\_\_\_\_ Special Medical Needs Person

Could you provide transportation for the evacuees to your home? Yes | No

What length of time is you home available? [Respond with the amount]:

\_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_ Months

Would you request that they sign a release of liability? Yes | No