



Post Disaster Organization Form

Date:6-17-2021

FILL out the top portion of this form. *In event of a disaster, quickly assess your home, fill out the rest of this form GO TO NAZARENE CHURCH – 2300 SW 15TH AVE and give it to your ZONE leader so that they can contact our Emergency Response Team.*

ZONE- 1-2-OR 3 Leader's name _____ Cell Phone: _____

Block leader's Address: _____ Land Line: _____

Your Name: (Last, First) _____

Address: _____

Cell Phone: _____ Land Line: _____ Email _____

How many people/pets in your house hold: Adults: _____ Children: _____ Pets _____

Out-of-state contact: _____ Phone _____ Email: _____

Relationship: _____ Address: _____

Please circle YES or No for each question - Please give details for each "YES" answer

- Yes/No Do you have a life-threatening medical emergency?
Yes/No Do you have a less urgent situation that needs medical attention?
Yes/No Is someone missing?
Yes/No Do you have a non-medical emergency?
Yes/ No Is a street in your area obstructed?
Yes/No Is the power in your home or area out?
Yes/No Is phone service out or partially interrupted?
Yes/No Is the city municipal water service to your home interrupted?
Yes/No Is your house uninhabitable (do you need shelter)?
Yes/No Do you or someone in your area have special needs?
Yes/No Do you need to contact someone or have someone contact you ?
Yes/No Do you have special training: medical, radio, construction, other?

Please circle below any supplies that you need:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> water | <input type="checkbox"/> soap | <input type="checkbox"/> flashlight | <input type="checkbox"/> toothbrush/razors |
| <input type="checkbox"/> food | <input type="checkbox"/> tarp/sheeting | <input type="checkbox"/> infant formula | <input type="checkbox"/> plywood |
| <input type="checkbox"/> baby bottles | <input type="checkbox"/> baby food | <input type="checkbox"/> diapers | <input type="checkbox"/> sanitary napkins |
| <input type="checkbox"/> toilet paper | <input type="checkbox"/> batteries | <input type="checkbox"/> hammer/nails | <input type="checkbox"/> plates/cups |
| <input type="checkbox"/> bleach | <input type="checkbox"/> duct tape | <input type="checkbox"/> matches | <input type="checkbox"/> manual can opener |
| <input type="checkbox"/> screws/driver | <input type="checkbox"/> pliers/wrench | <input type="checkbox"/> pet food | <input type="checkbox"/> coolers/ice |
| <input type="checkbox"/> radio | <input type="checkbox"/> plastic/garbage bags | <input type="checkbox"/> first aid supplies | |
| <input type="checkbox"/> clothes, towels, blankets, pillow, sleeping bag | <input type="checkbox"/> medicines | <input type="checkbox"/> knife/scissors | |