Emergency Response Information Survey Form

District:  District Leader:

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| 1. Name(s) address, and contact information of head(s) of household: Number of persons in household at time of survey\_\_\_\_\_\_. |
| 2. Names of any injured household members and their location and medical status (use back of form if needed): |
| 3. Names of any known to be deceased and the location of their remains: |
| 4. Names (and descriptions) of those missing and when and where they were last seen or heard from (use back of form if needed): |
| 5. Condition of the house or apartment and/or location (if known) of household members if they have evacuated: |
| 6. Physical and emotional state of household members (use back of form if needed): |
| 7. Needs of household members (medical, psychological, food, shelter, equipment, etc.—use back of form if needed): |
| 8. Please contact the following to let them know of the status of this household: |
| 9. Name and contact information of person who obtained the above information: |