

TOWNSHIP REQUIRED EMERGENCY EVACUATION SURVEY

Townships now require each Community to provide an updated list of residents with disabilities or limitations since the new 911 re-addressing system. This is for your safety.

◀ **PLEASE DROP OFF COMPLETED SURVEY to SEPOA OFFICE by MAY 31, 2013** ▶

An emergency might include slowly developing situations such as storms and power outages, to disasters without warning such as plane crashes (we have an airport very close to us), wildfires, or hazardous material spills (a main artery of I380 runs along our community). The information requested in this survey would be vital to determine the requirements of each resident, especially those with special needs. It also would be used to determine the human resources that might be available through federal, township, and state sources that could assist all emergency personnel if such an event occurs within or near Stillwater Estates. Help us to help you be prepared for a disaster or crisis. **ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.** If you have any questions, please call the SEPOA office at 570-839-7920 or Joan Mercer at 570-839-1084.

Resident Name _____
Street Address _____
Telephone Numbers: Home _____ Cell _____ Business _____
Any other number to use in an emergency _____
Email Used for emergency ONLY _____

- List anyone in your household who has any physical challenges? (difficulty walking, wheelchair, walker, etc.) _____
- Would anyone require special medical attention during a major emergency? (oxygen, special condition, etc.) _____
- Is anyone hearing or vision impaired? Can anyone understand sign language? Would they need someone to lead if they were told to evacuate the house? _____
- Would anyone need special transportation in the case of an emergency? If yes, please list those needs _____
- Do you have a vehicle with high ground clearance? (Especially if you live in sections D and E) Yes No
Would you be willing to help evacuate people if emergency personnel have not arrived yet? Yes No
- Are you a full time part time or seasonal resident? If part time or seasonal, please specify approximate dates of residency _____
- Relative, family member or friend who may need to be contacted in the event of an emergency—list names and current telephone or cell numbers _____
- Do you or another member of your household speak a language other than English? Yes No
If yes, what languages do you speak or understand? _____
Are you willing to help if the need arises, and someone needs help in that language in an emergency? Yes No
- How many people reside in your household? _____
Please list adult names and ages _____
Please list children names and ages _____

NOTE: There have been times when our bridges have overflowed and are under water when we have had extreme storms and rain. If this occurs while school is in session, school buses will deliver the children to the Community Center, which will be opened to receive them.

- Are there pets in your household? How many and what kind? _____
- Do you use propane to heat or cook, or heat with oil? Is the shut-off valve readily accessible? If emergency personnel needed to shut it off, can they find it easily? _____

We are constantly looking for **volunteers to act as the first civilian contacts in an emergency.** Would you be interested in helping your neighbors in a disaster? Yes No

Would you be interested in joining with some of your neighbors to organize teams in your immediate area? Yes No

Would you be interested in taking Community Emergency Response Team Training (CERT) Yes No

Would you be interested in taking Community Animal Response Team Training (CART) If yes, please give us a number you can be reached at, and your availability: _____

These courses are just a few nights (perhaps 3) and are given by trained professionals. They also earn you a certificate.

Please check Special Skills you have which you might be willing to use if emergency professionals have not arrived.

<input type="checkbox"/> Doctor	<input type="checkbox"/> EMT	<input type="checkbox"/> Firefighter	<input type="checkbox"/> CPR certified	<input type="checkbox"/> Police Officer
<input type="checkbox"/> Clergy or grief counselor	<input type="checkbox"/> Nursing skills	<input type="checkbox"/> Dentist	<input type="checkbox"/> Security	<input type="checkbox"/> Willing to make phone calls
<input type="checkbox"/> Good with animals	<input type="checkbox"/> First aid certified	Other _____		