## **ERC HOUSEHOLD SURVEY**

| District #   | _ Date                         | Time:                              | AM or PM                              |  |  |
|--|--------------------------------|------------------------------------|---------------------------------------|--|--|
| 1.) Family Name  | :                              |                                    | ·                                     |  |  |
| 2.) Address:   |                                |                                    | <del></del>                           |  |  |
| 3.) # Family Mer                                       | mbers: #                       | Accounted Fo                       | or?                                   |  |  |
| NOTE: If no ansinjury or death, it Accounted for".     | wer at home<br>f not, write "l | , see if 'no-res<br>JTL" (Unable T | sponse' is due to<br>ro Locate) at "# |  |  |
| 4.) Who is NOT   | accounted fo                   | or:                                |                                       |  |  |
| 5.) Last known w                                       | vhereabouts                    |                                    |                                       |  |  |
| 6.) Any injuries in                                    | n household                    | ? (List injuries)                  | l                                     |  |  |
| 7.) Has your home sustained significant damage?        |                                |                                    |                                       |  |  |
| 8.) Are your imm preparedness? .                       |                                |                                    | your own<br>□YES                      |  |  |
| 9.) Need Assis   | tance?                         | What?                              |                                       |  |  |
| Special Circ   | umstances:                     |                                    |                                       |  |  |
| 10.) Do your ne  | ighbors need                   | I help?                            |                                       |  |  |
| 11.) Information                                       | you want the                   | Bishop to kno                      | ow:                                   |  |  |
| 12.) Do family m<br>to be contacted<br>(Get Name, Tele | and a mess                     | age delivered?                     | )                                     |  |  |
| 13.) Team Meml<br>or individuals wh<br>should be made  | ich are belie                  |                                    |                                       |  |  |

## FRC HOUSEHOLD SURVEY

| District #   | _ Date           | Time _                         | _: AM                | or PM                  |
|--|------------------|--------------------------------|----------------------|------------------------|
| 1.) Family Nam                                       |                  |                                |                      |                        |
| 2.) Address:   |                  |                                |                      |                        |
| 3.) # Family Me                                      | embers: #        | 4 Accounted                    | For?                 |                        |
| NOTE: If no ansinjury or death, Accounted for".      | if not, write "l | , see if 'no-r<br>JTL" (Unable | esponse'<br>To Locat | is due to<br>te) at "# |
| 4.) Who is NOT                                       | accounted for    | or:                            |                      | _                      |
| 5.) Last known                                       | whereabouts      |                                |                      | _                      |
| 6.) Any injuries                                     | in household     | ? (List injurie                | s)                   |                        |
| 7.) Has your ho                                      | me sustained     | significant c                  | lamage?              | _                      |
| 8.) Are your imr<br>preparedness?<br>11.) Need Assi  | □N               | 0                              | □YES                 |                        |
| Special Cir  | cumstances:      |                                |                      | _                      |
| 12.) Do your ne                                      | eighbors need    | i help?                        |                      | -                      |
| 11.) Information                                     | ı you want the   | e Bishop to k                  | now:                 | -                      |
| 12.) Do family n<br>to be contacted<br>(Get Name, Te | d and a mess     | age delivered                  | d?                   | _                      |
| 13.) Team Mem<br>or individuals w<br>should be made  | hich are belie   |                                |                      |                        |

## **ERC HOUSEHOLD SURVEY**

| District #                                  | Date   | Time:_   | AM or PM                            |
|---|--|--|-------------------------------------|
| 1.) Family Na                               | me:  |  |                                     |
| 2.) Address:                                |  |  |                                     |
| 3.) # Family N                              | /lembers: #  | Accounted Fo   | or?                                 |
| NOTE: If no a injury or death Accounted for | n, if not, write "l                                | , see if 'no-res<br>JTL" (Unable T                     | ponse' is due to<br>o Locate) at "# |
| 4.) Who is NC                               | T accounted fo                                     | or:  |                                     |
| 5.) Last know                               | n whereabouts                                      |  |                                     |
| 6.) Any injurie                             | s in household                                     | ? (List injuries)                                      |                                     |
| 7.) Has your h                              | nome sustained                                     | I significant dar                                      | nage?                               |
| 8.) Are your ir preparedness                |  | s being met by   | your own<br>□YES                    |
| 13.) Need As                                | sistance?  | What?  |                                     |
| Special C                                   | ircumstances:                                      |  |                                     |
| 14.) Do your                                | neighbors need                                     | d help?  |                                     |
| 11.) Information                            | on you want the                                    | e Bishop to kno  | w:                                  |
| to be contact                               | ed and a mess                                      | side of the area<br>age delivered?<br>-mail, Brief mes |                                     |
| family or indiv                             | embers persona<br>iduals which ar<br>d be made awa | al observations<br>re believed to b<br>re of:          | regarding<br>e things the           |