

Neighborhood Council:

[Insert Neighborhood Council Logo Here]

| Neighborhood Name: |
|---|
| NEIGHBORHOOD DISASTER PLAN |
| Are you really prepared? How prepared we are now, before a disaster, will determine what our lives will be like afterwards. |
| Orange County Emergency Services has developed a neighborhood disaster plan template. Please join your neighbors in writing a plan for you neighborhood. Fill out the attached survey so that neighborhood leaders can know how to best help your community in the event of a disaster. |
| Please complete the survey by: (Date) |
| Your neighbor,, will return to collect it (Name) |
| Information provided will be kept confidential |

Information provided will be kept confidential and used solely to develop an emergency plan and to reference in the event of an actual emergency.



NEIGHBOR SURVEY

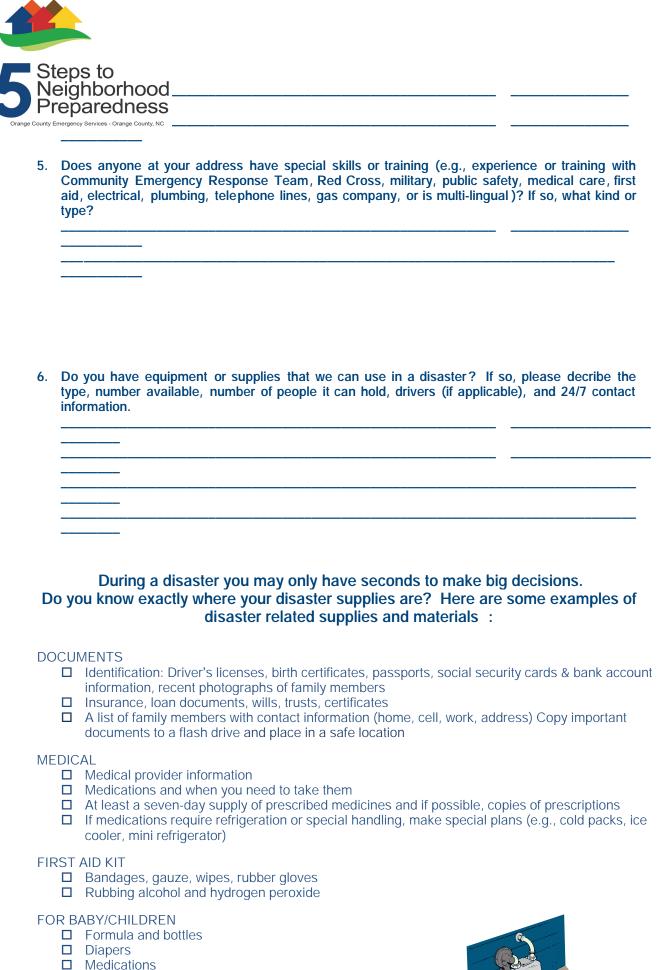
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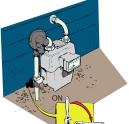
Help us build a Neighborhood Disaster Plan! To complete the plan, we need to know what extra help you might need in a disaster, and what special skills or supplies you have that can help all of us. (All information should be kept confidential by the neighborhood and is only for neighborhood disaster planning.) Please complete one form per household, business, or organization and return it to your neighborhood contact. This information is voluntary.

1. What is your name, telephone, e-mail, and address? Mobile Telephone:_____ **Telephone** (optional): What is the name and telephone number of one out of area emergency contact? 2. Does anyone at your address need translation? If so, what languages? □ Spanish □ Korean □ Mandarin Chinese ☐ Other: 3. What animals or pets do you have at this address and how many? □ Dogs: _____ Name(s): ☐ Cats: _____Name(s): ☐ Birds: _____ Name(s): ☐ Other: _____ Name(s):

Are the animals friendly? Circle one: Yes / No

4. Is there anyone at your address who may need some assistance during an emergency such as persons with young children or persons with limited, reduced ability or inability to see, read, walk, speak, hear, learn, remember, understand, and/or respond quickly?





| | Sanitary supplies |
|-------|--|
| | Familiar toy or book |
| | Car seat Car seat |
| | |
| TOOLS | |
| | Battery, solar powered or hand-crank AM/FM radio |
| | Flashlight with extra batteries |
| | Wrench for turning off gas |



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| Cash - at least \$100-200 in small bills per person, as possible |
|--|
| Soap, toilet paper |
| Toothbrush/paste |
| Plastic bags for trash and storing items |
| Two complete sets of clothing and shoes per person |
| Blankets or sleeping bags for each person |
| Extra set of keys |
| Feminine products |
| |

WATER AND FOOD

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|--|
| Water - 1 gallon per person per day including infants and children (a week's supply labeled with |
| expiration date) |
| Non-perishable food that does not require refrigeration, preparation/cooking, and little or no water |
| Extra food (remember special dietary needs) |
| |

DISABILITY OR LIMITED MOBILITY

If you are a person with a disability, have a sensory or cognitive disability, or limited mobility, make sure your emergency kit includes items specific to your needs and have a list of the following:

□ Adaptive or supportive equipment and extra batteries□ Instructions on how to operate any special equipment

FOR PETS/SERVICE ANIMALS

| 17.1 | LISISERVICE AIMINALS |
|------|---------------------------------|
| | Identification tags |
| | Extra food and water |
| | Clean-up supplies |
| | Medicine |
| | Transport case (one per animal) |
| | Leash |

TIP: As needed following a disaster, shut off the main valves to your water and gas. Do not shut the gas off unless you smell gas. Shut off the gas by turning the valve so that the "bar" is perpendicular to the gas line. Keep a wrench wired to the gas meter and know the location of water shut off valves.