

PAUMA VALLY COMMUNITY SERVICES DISTRICT
EMERGENCY QUESTIONNAIRE
CONFIDENTIAL

In the event of an emergency situation (e.g., power outage, fire, evacuation, or earthquake), the Pauma Valley Community Services District (PVCSD) would like to be able to assist you by being better aware of your individual needs, and note your availability to assist others.

Completion of this form is VOLUNTARY and to file should be returned to the District office at 33129 Cole Grade Road or mailed to P. O. Box 434, Pauma Valley, CA 92061

Part I. Contact Information

Your Name: _____ Your Telephone No.: _____

Your Physical Address: _____

Name and Relationship of Primary Emergency Contact: _____ Phone _____

Name and Relationship of Alternate Emergency Contact: _____ Phone _____

The name(s) and relationship(s) of people living with me are:

The names of children living with me and the schools they attend are::

Part II. Status of Care (please circle the appropriate response).

- | | | | |
|----|---|-----|----|
| 1. | Please check on me in an emergency situation. | Yes | No |
| 2. | I am currently on O ₂ therapy. | Yes | No |
| | (a) My oxygen is created by electricity. | Yes | No |
| | (b) My oxygen is supplied by tank. | Yes | No |
| | My oxygen supply will last for _____ hours. | | |
| 3. | I am able to drive. | Yes | No |
| 4. | I am bed-ridden. | Yes | No |
| 5. | I need assistance to walk. | Yes | No |
| | (a) I rely on the use of _____cane _____walker _____scooter _____wheelchair | | |

6. Please list any other conditions (e.g., deafness, blindness, heart conditions, etc.), that would require special assistance/awareness in an emergency situation:

7. Please keep a current list of any and all medications and their location that would need to be collected during an emergency situation and note the placement of that list below:

8. I would be unable to care for my pets. (Please indicate the number of each). Please list the person or facility to be called for alternate care.

___ Dogs ___ Cats ___ Birds ___ Reptiles ___ Horses

Contact Name: _____ Phone _____

Part III. Availability to Assist Others (please circle the appropriate response).

1. I do not require any assistance, but I would be willing to help those in need in an emergency situation. Yes No

(a) Please list your BEST contact information:

2. I have a generator. Yes No

(a) I would be willing to host those dependent on electrical oxygen.

Yes No

3. I would be willing to help relocate those unable to drive.

Yes No

THIS INFORMATION IS CONFIDENTIAL AND USED FOR EMERGENCY ONLY

By providing the above information you are agreeing and accepting that PVCSD shall have no liability to you for any act or failure to act on the basis of such information in the event of any emergency situation.

Signature

Date