

# LAKESHORE HOMES ASSOCIATION

## LHA CARES (Community Action & Response) Questionnaire

Cluster \_\_\_\_\_  
Date \_\_\_\_\_

**This information will appear your Cluster's LHA CARES electronic directory:**

Home Address \_\_\_\_\_ # of people living in home? \_\_\_\_\_

### PRINCIPAL OCCUPANTS/CONTACTS IN THE HOME

Name \_\_\_\_\_ Name \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

**EMERGENCY INFORMATION** From outside your home, facing front door, where are the home's utility shut-off valves? Gas \_\_\_\_\_

Electricity \_\_\_\_\_

### **This information is confidential and will NOT be published:**

It will be kept only by LHA and your cluster captain for emergency purposes. Please provide this information so we may offer assistance in case of an emergency or natural disaster.

Do you have *any* special skills that help in an emergency: e.g., medical/first aid skills, electrical, plumbing, firefighting, crisis management, etc.?

\_\_\_\_\_  
\_\_\_\_\_

Do you have any emergency equipment: e.g., tools, generator, chain saw, walkie-talkies, etc.?

\_\_\_\_\_

### **EMERGENCY CONTACTS** (Include at least 1 contact over 200 miles away.)

Name \_\_\_\_\_ Name \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_