

LAKESHORE HOMES ASSOCIATION

LHA CARES (Community Action & Response) Questionnaire

Cluster _____

Date _____

This information will appear your Cluster's LHA CARES Directory:

Home Address _____ Home Phone _____

PRINCIPAL OCCUPANTS/CONTACTS IN THE HOME

Name _____ Name _____

Email _____ Email _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

Number of people living in home? _____ Do Not include my email in my Cluster's
directory

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

Electricity _____

The information is confidential and will NOT be published: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.

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

Name _____ Name _____

Email _____ Email _____

Day Phone _____ Day Phone _____

Cell Phone _____ Cell Phone _____

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.?
