



CORE Family Questionnaire

(Please print clearly)



Family Name(s): _____

Address: _____

Home Phone: _____

Emergency Contact (out-of-state friend/relative)

Name: _____ **Phone:** _____

Adults in Household

Name: _____ **Work Address:** _____

Work Hours: _____ **Work Phone:** _____

Name: _____ **Work Address:** _____

Work Hours: _____ **Work Phone:** _____

Children

Name: _____ **Age:** _____ **School/Child Care:** _____

School Phone: _____ **Address:** _____

Name: _____ **Age:** _____ **School/Child Care:** _____

School Phone: _____ **Address:** _____

Name: _____ **Age:** _____ **School/Child Care:** _____

School Phone: _____ **Address:** _____

Pets

Name: _____ **Breed/Description:** _____ **Indoor/Outdoor**

Name: _____ **Breed/Description:** _____ **Indoor/Outdoor**

Name: _____ **Breed/Description:** _____ **Indoor/Outdoor**

Miscellaneous notes: _____

Members of Household Who May Need Special Assistance in an Emergency

(e.g., elderly, difficulty walking, specific medical conditions)

Name: _____ Assistance Needed: _____

Name: _____ Assistance Needed: _____

Name: _____ Assistance Needed: _____

Emergency Equipment Available

(e.g., ham radio, generator, camping equipment, tools (heavy/light), 4-wheel drive vehicle, dirt bike, firewood)

Emergency Skills/Training

(e.g., first aid/CPR, mechanic, carpentry, electrical, plumbing, child care, firefighting, crisis/psychological)

Name: _____ Skill/Training: _____

Name: _____ Skill/Training: _____

Name: _____ Skill/Training: _____

Profession(s): _____

Do you have a seismically safe, enclosed garage with extra storage space that we could use to store emergency supplies? Yes No

In an emergency, I can house/sleep _____ people.
(number)

We have a potential source of water for firefighting (e.g., pool, hot tub, cistern).
 Yes No

Return this form to: _____

Date: _____

This form should be updated on an annual basis and the information added to the relevant lists.