



NEIGHBOR WELLNESS CHECK FORM (PINK)

Checkers: _____ and _____

Directions: Following a disaster or major emergency, check on neighbors (starting with the elderly and others with special needs) to determine if they are okay and able to “shelter-in-place,” possibly with neighbor support, until services are restored and outside help can arrive.

Neighbor, Address & Notes	Risk Assessment	Shelter In Place Supplies
	<ul style="list-style-type: none"> <input type="checkbox"/> Depend on oxygen? <input type="checkbox"/> Need help walking? <input type="checkbox"/> Fallen? <input type="checkbox"/> Need medical attention? <input type="checkbox"/> Have electricity? <input type="checkbox"/> Do they have alternatives for medical equipment that requires electricity. <input type="checkbox"/> Someone to help them if need help? <input type="checkbox"/> Home temperature comfortable? <input type="checkbox"/> Conditions safe? 	<ul style="list-style-type: none"> <input type="checkbox"/> Drinking water, at least 72 hours? <input type="checkbox"/> Access to food that can be eaten without cooking <input type="checkbox"/> Ability to safely cook? <input type="checkbox"/> Back-up power supplies <input type="checkbox"/> Backup lighting? <input type="checkbox"/> Ability to keep warm? <input type="checkbox"/> Ability to avoid excessive heat? <input type="checkbox"/> Emergency supply of medications?
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ADDITIONAL NOTES