## **Green River Valley Residents - Home Health / Home Care Survey**

**Client/Patient Name:** 

Name of person administering survey:			
<u>Preparedness</u>			
Do you have flood insurance?		Yes	No
Do you have a personal "go-kit" assembled? (See tip sheet for list of recommended "go-kit' items)		Yes	
If yes, have you updated it in the last month?		Yes	No
Have you assembled the following items in an easy to access place	in case	of evac	cuation?
Personal "go-kit"		Yes	No
<ul> <li>Cell phone &amp; charger</li> </ul>	Yes	No	N/A
<ul> <li>Dentures</li> </ul>	Yes	No	N/A
<ul> <li>Hearing aids &amp; extra batteries</li> </ul>	Yes	No	N/A
• Wheelchair, cane, walker, crutches or other mobility aids?	Yes	No	N/A
<ul> <li>Respirator</li> </ul>	Yes	No	N/A
<ul> <li>Eye glasses and/or contact lenses with cleaning solution</li> </ul>	Yes	No	N/A
<b>Evacuation and Relocation</b>			
Have you secured reliable and safe transportation if you need to evacuate? Yes No			
Do you require professional medical transport in the event of an evacuation? Yes No			
Have you mapped out an evacuation route that is not dependent other roads located in the Green River Valley?	on State	Route Yes	
Have you secured an alternate place to live, located outside the G up to 3 months if you need to evacuate and relocate?	reen Riv	ver Va Yes	-
If yes, where will you be living? (Address and contact information):			
How long you can live at this location?:			
Have you secured an alternate place for your pet(s) to live, local River Valley, for up to 3 months if you need to evacuate and relocal		side th Yes	
Home Health-Home Care Provider:			
How long can your client/patient independently manage their health days hours	n?		
Ensure your client/patient knows how to contact your organization disaster.	in the ev	ent of	a
Phone number patient to call: Email:			