

Area Coordinator \_\_\_\_\_ Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Email \_\_\_\_\_

Neighborhood Assessment Sheet: Area (Circle one): IP-A IP-B IP-C PRS-N PRS-M PRS-S Marshall Olema

<b>Neighborhood Code</b> use Fire Dept map codes if known		<b>Address</b> street & PO Box		<b>Occupants</b> specify if homeowner, tenant, guest, etc		<b>Phone Numbers</b> home, work, cell		<b>Email</b>		<b>Household Specs</b> i.e. elderly, weekender, animals, medical needs	
<b>General Assessment</b> <input type="checkbox"/> Check box if all clear. Otherwise specify problems.		<b>Neighborhood Code</b> <input type="checkbox"/> Check box if same as above		<b>Address</b>		<b>Occupants</b>		<b>Phone Numbers</b>		<b>Email</b>	
<input type="checkbox"/> Able/Wants to Help? <input type="checkbox"/> skills <input type="checkbox"/> equipment <input type="checkbox"/> supplies		<input type="checkbox"/> Gas <input type="checkbox"/> on <input type="checkbox"/> off		<input type="checkbox"/> Water <input type="checkbox"/> on <input type="checkbox"/> off		<input type="checkbox"/> Power <input type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> gen.		<input type="checkbox"/> Radio <input type="checkbox"/> ICOM <input type="checkbox"/> FRS <input type="checkbox"/> none		<input type="checkbox"/> Call-in Time	
<b>General Assessment</b> <input type="checkbox"/> Check box if all clear. Otherwise specify problems		<b>Neighborhood Code</b> <input type="checkbox"/> Check box if same as above		<b>Address</b>		<b>Occupants</b>		<b>Phone Numbers</b>		<b>Email</b>	
<input type="checkbox"/> Able/Wants to Help? <input type="checkbox"/> skills <input type="checkbox"/> equipment <input type="checkbox"/> supplies		<input type="checkbox"/> Gas <input type="checkbox"/> on <input type="checkbox"/> off		<input type="checkbox"/> Water <input type="checkbox"/> on <input type="checkbox"/> off		<input type="checkbox"/> Power <input type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> gen.		<input type="checkbox"/> Radio <input type="checkbox"/> ICOM <input type="checkbox"/> FRS <input type="checkbox"/> none		<input type="checkbox"/> Call-in Time	
<b>General Assessment</b> <input type="checkbox"/> Check box if all clear. Otherwise specify problems		<b>Neighborhood Code</b> <input type="checkbox"/> Check box if same as above		<b>Address</b>		<b>Occupants</b>		<b>Phone Numbers</b>		<b>Email</b>	
<input type="checkbox"/> Able/Wants to Help? <input type="checkbox"/> skills <input type="checkbox"/> equipment <input type="checkbox"/> supplies		<input type="checkbox"/> Gas <input type="checkbox"/> on <input type="checkbox"/> off		<input type="checkbox"/> Water <input type="checkbox"/> on <input type="checkbox"/> off		<input type="checkbox"/> Power <input type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> gen.		<input type="checkbox"/> Radio <input type="checkbox"/> ICOM <input type="checkbox"/> FRS <input type="checkbox"/> none		<input type="checkbox"/> Call-in Time	
<b>General Assessment</b> <input type="checkbox"/> Check box if all clear. Otherwise specify problems		<b>Neighborhood Code</b> <input type="checkbox"/> Check box if same as above		<b>Address</b>		<b>Occupants</b>		<b>Phone Numbers</b>		<b>Email</b>	
<input type="checkbox"/> Able/Wants to Help? <input type="checkbox"/> skills <input type="checkbox"/> equipment <input type="checkbox"/> supplies		<input type="checkbox"/> Gas <input type="checkbox"/> on <input type="checkbox"/> off		<input type="checkbox"/> Water <input type="checkbox"/> on <input type="checkbox"/> off		<input type="checkbox"/> Power <input type="checkbox"/> on <input type="checkbox"/> off <input type="checkbox"/> gen.		<input type="checkbox"/> Radio <input type="checkbox"/> ICOM <input type="checkbox"/> FRS <input type="checkbox"/> none		<input type="checkbox"/> Call-in Time	