

# Pre-Evacuation Contact & Household Assessment

Date: \_\_\_\_\_

Time: \_\_\_\_\_

Name of Person Contacted:				
Address or Location of Contact:				
Number of persons at this location:	Adults		Minors	
	Males	Females	Males	Females
Transportation Available	Yes		No	
Pets/Animals needing attention	Yes		No	
Special Needs or Assistance Required: (explain)				
Phone Number at contact location				
Emergency Contact Name				
Emergency Contact Number				
Electronic media most often on at contact location	Television	Radio	None	
Other information:				
Contact Made By:				