



# Watauga County CASPER Application



Fire Zone (Office Use)

Registrant Date of birth

Full Residential Address:

Date: / /

Primary Phone Number: ( ) -

Full name of Applicant and Registrant

### Demographic Information

HH- Household DK- Don't Know REF- Refused NA- Not Applicable

**Q1.** Type of structure:  Single family  Multiple unit  
 Mobile home  Other \_\_\_\_\_  
Name of: Subdivision, Mobile Home Park, Apartment Building (if applicable.)  
\_\_\_\_\_

**Q9.** How often in the past 12 months would you say your HH was worried or stressed about having enough money to buy nutritious meals? Would you say your HH was worried or stressed

Always  Usually  Sometimes  Rarely  Never  DK  Ref

**Q2.** Including yourself, how many people live in your HH? \_\_\_\_\_

**Q3.** Including yourself, how many people living in your HH are  
Less than 2 years old? \_\_\_\_\_ 2-17 years? \_\_\_\_\_  
18-64 years? \_\_\_\_\_ 65+ years? \_\_\_\_\_

**Q4.** Do any members of your HH identify as Hispanic or Latino?  
 Yes  No  DK  Ref

**Q5.** What race does the majority of your HH identify with?  
 American Indian/Alaska Native  Asian  
 African American  White  
 Native Hawaiian or Other Pacific Islander  Ref

**Q6.** What is the main language spoken in your household?  
 English  Spanish  Other  DK  Ref

**Q7.** What is the weight of the vulnerable member of your household?  
 0lbs - 50lbs  50lbs - 100lbs  
 100lbs - 150lbs  200lbs to 250lbs  250lbs to 300lbs  
 Other ( please specify weight) \_\_\_\_\_

**Q8.** How often in the past 12 months would you say your HH was worried or stressed about having enough money to pay your rent/mortgage? Would you say your HH was worried or stressed  
 Always  Usually  Sometimes  Rarely  Never  DK  Ref

**Q10.** Have you or a member of your household ever been told by a healthcare professional that he/she has

Asthma/COPD/Emphysema  Yes  No  DK  Ref

Diabetes  Yes  No  DK  Ref

Developmental disability  Yes  No  DK  Ref

Hypertension/heart disease  Yes  No  DK  Ref

Immunosuppressed  Yes  No  DK  Ref

Physical disability  Yes  No  DK  Ref

Psychosocial/mental illness  Yes  No  DK  Ref

Seizures  Yes  No  DK  Ref

**Q11.** Do you or does any member of your household need Daily medication (*other than vitamins*)  Yes  No  DK  Ref

Dialysis  Yes  No  DK  Ref

Home health care  Yes  No  DK  Ref

Oxygen supply  Yes  No  DK  Ref

Wheelchair/cane/walker  Yes  No  DK  Ref

Other type of special care  Yes  No  DK  Ref

If other Specify ( feeding tube, insulin dependent, IV medication, dietary needs, ect)

**Q12.** In the past 5 years, have you or anybody in your HH taken training in first aid, CPR, or CERT?  Yes  No  DK  Ref

### Communications

**Q13.** Do you or does anyone in your household have any of the following? (**Check all that apply**)

Impaired hearing  Impaired vision  Developmental/cognitive disability  Difficulty understanding English

Difficulty understanding written material  None of the above  DK  Ref

**Q14.** What is your household's **main** source of information about a disaster or emergency event? (**Check ONE**)

Newspaper  TV  Radio  Internet/Online News

Friends/Family/Word of Mouth  Social media

Text message/Cell phone alert  Church/Place of worship

Other

**Q15.** Medical Provider information. Fill all that apply.

Physician Name and Phone \_\_\_\_\_

Pharmacy name and Phone \_\_\_\_\_

Home Health Care Agency Name (or caregiver name) and

Phone \_\_\_\_\_

Respiratory Equipment Provider and Phone (if applicable)

**Now, I am going to ask some questions about preparedness for [Hurricanes, tornadoes] and other emergency events**

**Q16.** Does your household have any of the following emergency plans?

- Emergency communication plan such as a list of numbers and designated out-of-town contact  Yes  No  DK  Ref
- Designated meeting place immediately outside your home or close by in your neighborhood  Yes  No  DK  Ref  NA
- Designated meeting place outside of your neighborhood in case you cannot return home  Yes  No  DK  Ref  NA
- Copies of important documents in a safe location (e.g., water proof container)  Yes  No  DK  Ref
- Multiple routes away from your home in case evacuation is necessary  Yes  No  DK  Ref

**Q17.** Has your household prepared an Emergency Supply Kit with supplies like water, food, flashlights, and extra batteries that is kept in a designated place in your home?  Yes  No  DK  Ref

**Q21.** Does each person in your HH who takes prescribed medication currently have a 7-day supply?  Yes  No  No prescriptions  DK  Ref

**Q18.** Does your HH have enough drinking water (besides tap) for the next 3 days? (1 gallon/person/day)  Yes  No  DK  Ref

**Q22.** If public authorities announced a mandatory evacuation from your community due to a large-scale disaster or emergency, would your household evacuate?  Yes  No

**Q19.** Does your HH have enough non-perishable food (such as protein bars, nuts) for the next 3 days?  Yes  No  DK  Ref

**Q20.** If your household had to evacuate due to a disaster or emergency, where would your household go?

- Friends/family/2<sup>nd</sup> home outside your area
- Hotel or motel
- American Red Cross, church, or community shelter
- Vehicle/RV
- Other \_\_\_\_\_
- Would not evacuate
- DK

**Q23.** In an emergency, if your household was asked to evacuate, what would your household do with your pet(s)?

- Take it/them with you
- Find a safe place for it/them
- Leave behind with food and water
- Would not evacuate because of pets
- Would not evacuate
- Other \_\_\_\_\_
- No pets  DK

**Q24.** What would be the main reason that may prevent your HH from evacuating if asked to do so? (Check ONE)

- Lack of transportation  Lack of trust in public officials  Concern about leaving property  Nowhere to go
- Concern about personal safety  Concern about leaving pets  Concern about traffic jams  Inconvenient/expensive
- Health problems  No reason, would evacuate  DK  Ref  Other

**Other**

**Q25.** Is there any other information you feel should be known about your household?

**Q26.** What is your household's greatest need at this time?

*Thank you*