

# LET'S BE PREPARED TOGETHER

## Who to call – Identify Team Leaders in your OWN NEIGHBORHOOD to call

Leader	Co-Leader	Coordinator
Email:	Email:	Email:
Phone:	Phone:	Phone:

## What to Bring – Your GO KIT

 Cash	 1 Gallon of water for 3 days	 Non-Perishable Food	 Radio with extra batteries	 Blankets, pillows; clothes, etc.	<b>DON'T FORGET</b>   Important documents (insurance papers, medical records, bank account numbers, social security cards, deeds or mortgages, birth and marriage certificates, stocks and bonds, recent tax returns, wills) <b>place in water/ fire proof bag or lock box or you can put it in a plastic bag and place in freezer.</b>
 First Aid Kit	 Special items for babies, children, elderly, pets	 Toiletries	 Flashlight with extra batteries	 Extra set of keys; neighbor's keys	

## How to Help – Disaster Preparedness Volunteer Programs

### United Rescue

JOSHUA OTERO  
(551)580-1985  
unitedrescue.us/global

### Community Response Team (CERT)

PAUL SORIERO  
(201) 615-5780  
ready.nj.gov/cert/index.shtml

### AmeriCorps VISTAs

JILLIAN BAUMANN  
JBaumannVISTA@jcnj.org  
ALMA HIDALGO  
AHidalgoVISTA@jcnj.org

### Important websites

NJ REGISTER READY  
tinyurl.com/njregisterready  
NEIGHBORHOOD DISASTER PREPAREDNESS PLAN  
https://tinyurl.com/5StepsJC  
TREE LOVERS CREW  
http://jcparks.org/tlc/





## Neighbor Survey Form

**To complete the plan, we need to know what extra help you might need during a disaster, and what special skills or supplies you have that can help all of us. (All information will be kept confidential and is only for neighborhood disaster planning.) Please, complete one form per household and return it to us.**

Resident's Basic Information		
Full Name:		
<i>First</i>	<i>Last</i>	<i>M.I.</i>
Address:		
<i>Street Address</i>		<i>Apartment/Unit #</i>
<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Home Phone: (    )	E-mail Address:	

	People	Pets	Type of Pets
Number of <b>people and pets</b> who currently live in your household?			
Does anyone in your household has a disability and use any assistive products?			
	Disability		Assistive Products
<input type="checkbox"/>	Visually Impaired	<input type="checkbox"/>	Canes or sticks
<input type="checkbox"/>	Hearing Impaired	<input type="checkbox"/>	Crutches
<input type="checkbox"/>	Mobility Impaired	<input type="checkbox"/>	Wheelchair/Scooter
<input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/>	Hearing aids
<input type="checkbox"/>	Heart Disease/Coronary Disease, Heart Attack	<input type="checkbox"/>	Life-support System
<input type="checkbox"/>	Stroke	<input type="checkbox"/>	Oxygen Tank
<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Oxygen Concentrator
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Other:		

Emergency Contact's Information		
Full Name:		
<i>First</i>	<i>Last</i>	<i>M.I.</i>
Address:		
<i>Street Address</i>		<i>Apartment/Unit #</i>
<i>City</i>	<i>State</i>	<i>ZIP Code</i>
Home Phone: (    )	E-mail Address:	
Relationship		

Does anyone in your household has special skills or training? (E.g. experience or training with CERT, Red Cross, public safety, plumbing, and medical care, first aid, gas company or is multi-lingual? If so, what are the skill sets? Who has them?)			
Name of Person in Household		Skills	

Do you have equipment or supplies that the community can use during a disaster? If so, please describe.	
Type of equipment:	
Number available :	
Contact Information:	

If you have any questions, concerns or comments, please email [vista@innovatejerseycity.com](mailto:vista@innovatejerseycity.com) or call the Innovation Office at (201) 547-6587, and request Jill or Alma.