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| Questionnaire for Volunteer Host Home for Elder Evacuees |

\*Fill in and check boxes where indicated below\*

Volunteer Home Host(s) Name: Click or tap here to enter text.

Cell #: Click or tap here to enter text.

Address:

Street: Click or tap here to enter text.

City, State, Zip Click or tap here to enter text.

What length of time are you comfortable being a host home for an elder evacuee?

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| Click or tap here to enter text. |

Is host home a single or multi-level home? Single  Multi-Level

Does the host home have steps in home walkways? Yes  No

If yes, please describe below:

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| Click or tap here to enter text. |

Are you able to be home during the day?   Yes  No

Please describe below:

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| --- |
| Click or tap here to enter text. |

How many **individual** elder evacuees are you able to host?

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| --- |
| Click or tap here to enter text. |

How many elder evacuee **couples** are you able to host?

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| Click or tap here to enter text. |

Do you have children in the home? Yes  No

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| --- |
| Age of children at home:  Click or tap here to enter text. |

Do you have pets in the home? Yes  No

If yes, what type of animal(s) and how many?

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| Click or tap here to enter text. |
| Click or tap here to enter text. |

Are house pets current on vaccinations? Yes  No

Are you willing to transport the elder evacuee, if they have a need? Yes  No

Please describe preference below:

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| --- |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

Do you have experience in the medical field or working with elderly people, in general?

If yes, please describe below: Yes  No

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| Click or tap here to enter text. |
| Click or tap here to enter text. |

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| Questions for Volunteer Host Home for Senior Evacuees (page 2) |

Can you host an elder evacuee with a pet? Yes  No

If yes, what type of animal(s) and how many?

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| Click or tap here to enter text. |
| Click or tap here to enter text. |

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| Questionnaire for Volunteer Host Home for Elder Evacuees (part 2) |

Are you able to host an elder evacuee who smokes? Maybe  Yes  No

Will Consider if:

|  |
| --- |
| Click or tap here to enter text. |

Do you currently smoke inside or outside? Does not apply  Yes  No

Are you able to provide elder evacuees lighting at night (nightlight)? Yes  No

Are host home pathways clear? Yes  No