## **SHELTER IN PLACE!** A PANDEMIC EMERGENCY HAS BEEN DECLARED.

I am a neighborhood watch volunteer. I will be glad to show you my identification.

The authorities have declared a pandemic influenza emergency. It is important that you avoid public places and remain in your home.

I need to know: (please write your answers)

•	ls	there	anyone	else	in	the	home?
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No Yes: _
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• Do you have the medications that you need for the next two weeks?

\_\_\_\_\_ No\_\_\_\_\_ Yes, I need: \_\_\_\_\_\_

• Do you have enough of the following essential items for the next two weeks? Ready-to-eat food (such as soups, dry cereals, canned foods, peanut butter, crackers) · Bottled water · Flashlight and batteries · Portable radio · Paper goods (garbage bags, tissues, toilet tissue) · Medications (prescription, as well as pain relievers, cough and cold medicines, etc) · Sanitary supplies (disinfectant cleansers, bath/hand soap detergent · Pet food

\_\_\_\_\_ Yes \_\_\_\_\_ No, I need: \_\_\_\_

• Is there someone I can call to assist you during this time?

\_\_\_\_\_ No\_\_\_\_\_ Yes: \_\_\_\_\_

(name and phone number)

Resident Name: \_\_\_\_\_\_ Age: \_\_\_\_\_

Residence Address:

A neighborhood watch volunteer will remain in contact with you during this shelterin-place period, and will let you know when it is safe to go out in public again.

If you would like us to stay in touch by e-mail, give your e-mail address:

Neighborhood Watch Volunteer: Please use this form for any neighbor who is deaf or who is otherwise unable to verbally communicate with you.