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)

- Is there anyone else in the home?
  _____ No _____ Yes: _______________________________________________

- 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 shelter-in-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.