

Hurricane Preparedness Questionnaire

Please Respond

Your name(s) _____

Your address _____

Your phone number _____

Your emergency contact phone number _____

Please check all that apply to you:

- I (we) need transportation to the following:
 - An approved hurricane shelter
 - A pharmacy to pick up prescriptions (Please note: You should have at least two weeks' worth of your medications before the storm hits)
 - A bank or ATM to have cash on hand

- I (we) have special medical needs and will need medical shelter.
- I (we) are registered with the Charlotte County's Special Needs Program
- I (we) will need to register with the _____ County's Special Needs Program at
- 941-833-4000 (Charlotte County) 941-861-5495 (Sarasota County)
- I (we) plan to stay in my (our) home during a storm and do not anticipate needing assistance.
- I (we) do not reside in the local area during hurricane season.
- I (we) can supply shelter at my (our) home and can accommodate _____ people.
- I (we) can provide transportation to the following:
 - An approved hurricane shelter
 - A pharmacy to pick up prescriptions
 - Shopping
 - A bank or ATM to have cash on hand

- I (we) will volunteer to help prepare the church campus prior to the disaster.
- I (we) will volunteer to help clean up the church campus after the disaster

Holy Trinity Lutheran Church

Dick Williams, Council President

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