

C.O.P.E. Block Information Form

ADDRESS: _____

SINGLE FAMILY DETACHED _____ DU/TRIPLEX _____ MULTIPLEX _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ EMAIL: _____

NAMES OF RESIDENTS	MOBILITY LIMITATIONS	CRITICAL/SPECIAL NEEDS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PETS: _____

DO YOU WANT TO HAVE SOMEONE CONTACTED IN AN EMERGENCY IF YOU CANNOT DO SO?

Yes _____ No _____

EMERGENCY CONTACTS: Local & Out of Area (Name, relationship, city, and phone number):

SHUTOFF LOCATION OF: GAS _____

ELECTRICITY _____ WATER _____

Is there a shutoff wrench at the gas meter? Yes _____ No _____

KNOWLEDGE AND SKILLS (Medical, communications, trades, etc.):

SPECIAL EQUIPMENT (Generator, chain saw, pry bar, etc.):

May we share this information about you, your skills and equipment with other COPE leaders?

Yes _____ No _____

I have gathered/given this information with an understanding of the following conditions:

1. Residents understand that participation in the C.O.P.E. program, and the giving of all information, is completely voluntary. (Residents will receive a copy of this form.)
2. This information will be used only for C.O.P.E. purposes.
3. All information must be held in confidence by the undersigned C.O.P.E. Co-Leaders, and—**except in case of a 911-level emergency**—will not be given to anyone else unless residents agree in writing.
4. By volunteering information about special knowledge, skills, and equipment, residents are under no obligation to share any knowledge, skills, or equipment under any condition.
5. Residents may reclaim this information at any time, and Co-Leaders must return and destroy all records as requested by residents.

Co-Leader (date) Co-Leader (date)

Co-Leader (date) Resident (date)

Other important information: _____