



Needs Assessment Survey

We all worry about how we will serve our clients and the community overall should the Bay Area experience a regional disaster like an earthquake, wildfire, or major flooding. We all know that we need to work together to prepare, respond, and recover from these disasters. The **Marin Interagency Disaster Coalition (MIDC)** has created a simple needs assessment survey that will help MIDC be better able to identify those that will need, or may be able to offer, certain services and resources to their clients during and after a disaster. Please take a few minutes and fill out the information below. This information will only be used for disaster preparedness, response and recovery efforts. Return completed surveys to: MIDC Chair, Steven Hancock, steven.hancock@cityofsanrafael.org or fax 415-485-3177.

Organization Disaster Preparedness and Readiness Capabilities

1. Do you have a disaster plan in place for your organization? Yes No

If yes, how current is the plan (i.e. within last year, 6 months, last month)?

2. Does your plan address the expected needs of your clientele? Yes No

If no, please explain:

3. What services and resources do you have in place for your clients in the time of a disaster?

<input type="checkbox"/> Shelter	<input type="checkbox"/> Food Preparation	<input type="checkbox"/> Information & Referral Services
<input type="checkbox"/> Transportation	<input type="checkbox"/> Clothing	<input type="checkbox"/> Volunteer Management
<input type="checkbox"/> Generators	<input type="checkbox"/> Showers	<input type="checkbox"/> Mental Health Counseling
<input type="checkbox"/> Tools/Heavy Equipment	<input type="checkbox"/> Rental/Clothing Vouchers	<input type="checkbox"/> Donations Management
<input type="checkbox"/> Wheelchairs/Medical supplies or equipment	<input type="checkbox"/> Child Care	<input type="checkbox"/> Long-term Recovery Assistance
<input type="checkbox"/> Emergency Communications Systems (i.e. HAM radio, etc.)	<input type="checkbox"/> Other (fill in) _____	<input type="checkbox"/> Other (fill in) _____

4. What services and resources will you need for your clients in the time of a disaster?

<input type="checkbox"/> Shelter	<input type="checkbox"/> Food Preparation	<input type="checkbox"/> Information & Referral Services
<input type="checkbox"/> Transportation	<input type="checkbox"/> Clothing	<input type="checkbox"/> Volunteer Management
<input type="checkbox"/> Generators	<input type="checkbox"/> Showers	<input type="checkbox"/> Mental Health Counseling
<input type="checkbox"/> Tools/Heavy Equipment	<input type="checkbox"/> Rental/Clothing Vouchers	<input type="checkbox"/> Donations Management
<input type="checkbox"/> Wheelchairs/Medical supplies or equipment	<input type="checkbox"/> Child Care	<input type="checkbox"/> Long-term Recovery Assistance
<input type="checkbox"/> Emergency Communications Systems (i.e. HAM radio, etc.)	<input type="checkbox"/> Other (fill in) _____	<input type="checkbox"/> Other (fill in) _____

5. How recently has your staff been trained in the following areas?

Areas of Training	No training	Within the last year	Within the last six months	Future training planned	No future trainings planned
CERT					
Get Ready					
Shelter Management					
ICS (incident command system)					
First Aid/CPR					
Animal Rescue					
Emergency Drills					
Disaster Plan					
Other:					

6. What types of trainings would you like or do you feel your organization needs?

Disaster Response and Relief

7. What services and resources can you offer to others beyond your clientele to help in a disaster event?

<input type="checkbox"/> Shelter	<input type="checkbox"/> Food Preparation	<input type="checkbox"/> Information & Referral Services
<input type="checkbox"/> Transportation	<input type="checkbox"/> Clothing	<input type="checkbox"/> Volunteer Management
<input type="checkbox"/> Generators	<input type="checkbox"/> Showers	<input type="checkbox"/> Mental Health Counseling
<input type="checkbox"/> Tools/Heavy Equipment	<input type="checkbox"/> Rental/Clothing Vouchers	<input type="checkbox"/> Donations Management
<input type="checkbox"/> Wheelchairs/Medical supplies or equipment	<input type="checkbox"/> Child Care	<input type="checkbox"/> Long-term Recovery Assistance
<input type="checkbox"/> Emergency Communications Systems (i.e. HAM radio, etc.)	<input type="checkbox"/> Other (fill in) _____	<input type="checkbox"/> Other (fill in) _____

Organization Information

8. Please tell us about your organization:

Organization Name: _____

Address: _____

Your Name: _____ Title: _____

Phone: _____ Cell: _____ Email: _____

Email: _____

Number of employees: _____ Number of Volunteers: _____

Please tell us about the services your organization offers and the clientele you serve:

Does your organization serve clientele beyond Marin County? Yes No

Does your organization teach disaster preparedness courses or produce disaster preparedness education materials (brochures, pamphlets, etc.)? Yes No

Return completed surveys to: S. Hancock, steven.hancock@cityofsanrafael.org or fax 415-485-3177

MIDC mission: to foster effective service delivery to those affected by disasters in Marin County through the collaboration of community agencies throughout the disaster cycle – preparedness, response, and recovery.