CANVASS QUESTIONS FOR HOUSEHOLD MEMBERS
(LAST UPDATE: 11/16/12)

**General**

Date:
Zone: 1 (West of B116) 2 (B116 - B48) 3 (East of B48)

Name(s):____
Address: ____
Phone: ____
   Need phone? Y/N
Email: ______
Best time of day to visit? _____

Total # occupants: ____
Seniors/children? Y/N
   Age___
Anyone immobile? Y/N
Medical attention needed? Y/N
   ----> call Medics at ###
   ----> map of Medical relief sites

Potential leader? Y/N (better word?)
Community Network Represented: _____
Common Concerns within Community Network: _____

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**Housing**

Staying in house: Currently? Y/N Long-term? Y/N
Do you need help relocating or finding shelter? Y/N

Do you have: Electricity? Y/N  Gas? Y/N Water? Y/N
Is your basement currently flooded? Y/N
Is there water damage or debris in your: Basement? Y/N First floor? Y/N
Do you need help: Cleaning? Y/N Removing items? Y/N Gutting? Y/N

Do you rent or own your home? Rent Y/N Own Y/N
Do you have home insurance? Y/N
FEMA: Talked to? Y/N Responding? Y/N Granting relief? Y/N
Legal
Are you on food stamps? Y/N
   WIC? Y/N SNAP/EBT? Y/N
Did you lose work due to Sandy? Y/N
Do you need help applying for unemployment? Y/N
   Employer: _____

Did you lose property due to Sandy? Y/N
Have you lost your business due to Sandy? Y/N
Do you need help filing an insurance claim? Y/N
   Car? Y/N Homeowners? Y/N Renters? Y/N
Do you need help applying for FEMA relief? Y/N

Are you experiencing problems with your rent or landlord? Y/N
   Landlord name: _____
Have you had trouble paying your mortgage? Y/N
   Lender: _____

Basic Needs

FOOD
Canned Goods Y/N
Baby Food / Formula Y/N
Pet Food Y/N
   Cat Y/N Dog Y/N
Water Y/N
Other _____

HOUSEHOLD
Toiletries Y/N
   Notes _____
Diapers Y/N
   Size _____
Hand Wipes Y/N
Baby Wipes Y/N
Medicine
Cold Medicine Y/N
   Child Y/N Adult Y/N
   Ibuprofen Y/N
   Aspirin Y/N
   Bandages Y/N
Other _____

**CLOTHING, ETC.**
Blankets Y/N
   Quantity _____
Socks Y/N
   Gender & Size _____
Coats Y/N
   Gender & Size ___
Other _____

**HARDWARE**
Flashlights Y/N
Candles Y/N
Masks Y/N
Mop Y/N
Bucket Y/N
Matches/lighter Y/N
Batteries Y/N
   Size _____
Gloves Y/N
   Notes _____
Tools Y/N
   Notes _____
Contractor Bags Y/N
Broom Y/N
Cleaning Solution Y/N
Other _____

--- Map of distro sites

**Case Tracking**

FOR OFFICE USE ONLY
Immediate Needs Fulfilled: Y/N
Follow-up w/ additional requests Y/N
Canvas Follow-up Date: MM/DD/YYYY
IF YOU WEREN’T HOME WHEN WE CAME BY AND NEED SUPPLIES OR ASSISTANCE, PLEASE BRING THIS FORM TO:
+ VEGGIE ISLAND 183 96TH ST. & ROCKAWAY BEACH BLVD. (phone?)
+ ST. GERTRUDE’S CHURCH: 336 BEACH 38TH ST & BEACH CHANNEL DRIVE (phone?)