



# Illinois Faith-Based Emergency Preparedness Initiative

## Resource Assessment (Lead Church Only)

Faith-based organizations (FBO) are essential in protecting the public's health and safety in the event of a disaster, such as Hurricane Katrina. Public health recognizes the importance of collaborating with trusted, credible resource in the community, particularly in planning for and responding to a public health emergency. This survey intends to gather information on: (1) General demographics of the FBO you represent; (2) programs and services that your FBO offers and to how many people; and (3) your FBO's involvement in emergency planning, preparedness and response. This information will help the overall implementation of the Illinois Faith-Based Emergency Preparedness Initiative.

Name: \_\_\_\_\_ Position: \_\_\_\_\_

FBO Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please share best way to send information (via mail, fax or e-mail): \_\_\_\_\_

- Is your FBO a 501(c)3?  Yes  No
- Approximate number of congregants: \_\_\_\_\_
- Members of my FBO are (please check all that apply):  
 African-American  Hispanic  Caucasian  Asian  Other: \_\_\_\_\_
- The predominate age group(s) of my FBO is (please check all that apply):  
 Less than 18 years  18 – 25  25- 40  40 – 65  65 and over

### PROGRAMS / SERVICES

- What services or program does your FBO offer? Please check all that apply.  
 Day Car Program  Health Ministry  
 Elder & Senior Care  On-Site Medical Services and Care  
 Clothing Bank  Food Pantry- church facility or mobile  
 Transportation Care  Sick and Shut – In  
 Other please specify: \_\_\_\_\_

6. Of the programs and/or services that you checked, how many people do you serve? Please indicate N/A if not applicable.

Program / Service	Number of People Served	Time Frame
Day Care Program		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Health Ministry		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Elder & Senior Care		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
On-Site Medical Services		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Clothing Bank		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Food Pantry		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Transportation Care		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Sick and Shut-In		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Other:		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly
Other:		<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly

7. How many individuals has your organization **hired as full- or part-time employees** to provide programs/services?  
Full-Time: \_\_\_\_\_ Part-time: \_\_\_\_\_

8. How many individuals **volunteer** to provide programs/services? Number of Volunteers: \_\_\_\_\_

### PLANNING, PREPAREDNESS AND RESPONSE

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Please place a check mark (✓) in the box that best describes your organization.

9. Does your organization currently have a plan(s) for responding to an emergency (flooding, tornado, fire, disease outbreak)?  Yes  No

If yes, for what emergencies? \_\_\_\_\_

10. Do you provide education that promotes individual and/or family preparedness to staff, members and/or the general public?  Yes  No

a. If yes, who receives the education?

Staff  Members  General Public

b. If yes, what information do you share? \_\_\_\_\_

c. If yes, what methods do you use to provide the information?

- Fact Sheets, Brochures, Newsletters, etc.
- Via internet / organization website
- In person (e.g., presentations / meetings)
- Other (please list): \_\_\_\_\_

11. Did your organization respond during Hurricane Katrina?  Yes  No

If yes, how? \_\_\_\_\_

12. Based on your knowledge and experience, please share with us what service(s) your organization can provide during an emergency? Please check all that apply.

- |  |  |
|--|--|
| <input type="checkbox"/> Food Pantry                                   | <input type="checkbox"/> Child Care                            |
| <input type="checkbox"/> Elder Care – church facilities or mobile unit | <input type="checkbox"/> Information Center / Bank             |
| <input type="checkbox"/> Service Center for American Red Cross         | <input type="checkbox"/> Clothing Bank                         |
| <input type="checkbox"/> Collection Station for goods / supplies       | <input type="checkbox"/> Shelter                               |
| <input type="checkbox"/> Storage                                       | <input type="checkbox"/> Crisis Counseling                     |
| <input type="checkbox"/> Transportation Services                       | <input type="checkbox"/> Outreach for those with special needs |
| <input type="checkbox"/> Other   |  |

If other, please explain: \_\_\_\_\_

**Thank you for taking the time to complete this survey.**