



**SAFER ST. LUCIE COUNTY**



**Membership Application/Capability Assessment 2016**

<b>Name of Organization / Place of Worship/ Business:</b>				
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>County:</b>
<b>Office Phone:</b>	<b>Office Fax:</b>	<b>Office Email:</b>		<b>Hrs. of Operation:</b>
<b>Primary Contact:</b>	<b>Title:</b>	<b>Cell Phone:</b>	<b>Email:</b>	
<b>Secondary Contact:</b>	<b>Title:</b>	<b>Cell Phone:</b>	<b>Email:</b>	
<b>Please Indicate the Level Your Organization:</b> <input type="checkbox"/> National Representative <input type="checkbox"/> State Representative <input type="checkbox"/> Local Representative		<b>Area(s) Your Organization Serves (check all that apply)</b> <input type="checkbox"/> Indian River <input type="checkbox"/> Martin <input type="checkbox"/> St. Lucie <input type="checkbox"/> Okeechobee <input type="checkbox"/> Other _____		
<b>Please Indicate Which Population Your Organization Serves:</b> <input type="checkbox"/> All <input type="checkbox"/> Seniors <input type="checkbox"/> Families <input type="checkbox"/> Women <input type="checkbox"/> Children <input type="checkbox"/> Farmworker <input type="checkbox"/> Homeless <input type="checkbox"/> Immigrant <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Home-bound <input type="checkbox"/> Persons with Special Needs <input type="checkbox"/> Other (describe) _____				

**Please add a brief description of your organizations disaster response capability:**

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**Please indicate the services your organization can provide post disaster**

<b><u>Food Services</u></b> <input type="checkbox"/> Food <input type="checkbox"/> Water <input type="checkbox"/> Ice <input type="checkbox"/> Kitchens <input type="checkbox"/> Food Delivery <input type="checkbox"/> Pre-Disaster <input type="checkbox"/> Post- Disaster <input type="checkbox"/> Mobile Kitchen ____ # of vehicles <input type="checkbox"/> Food Vouchers <input type="checkbox"/> Food Pantry <input type="checkbox"/> Food Preparation <input type="checkbox"/> Onsite Meals	<b><u>Resource Assistance</u></b> <input type="checkbox"/> In-Kind Assistance <input type="checkbox"/> Rental Assistance ____ # Days <input type="checkbox"/> Financial Assistance <input type="checkbox"/> FEMA / SBA Assistance <input type="checkbox"/> Insurance Claim / Mediation Assistance <input type="checkbox"/> Personal Property Replacement Assistance <input type="checkbox"/> Linens/Clothing/Misc _____ <input type="checkbox"/> Clean Up Kits <input type="checkbox"/> Building Materials _____ <input type="checkbox"/> Tarps	<b><u>Medical / Health Assistance</u></b> <input type="checkbox"/> Spiritual / Emotional Care <input type="checkbox"/> Mental Health Services <input type="checkbox"/> Crisis Counseling <input type="checkbox"/> Respite Care <input type="checkbox"/> Durable Medical Equipment <input type="checkbox"/> Medical Services <input type="checkbox"/> Prescription Vouchers / Assistance _____ _____ _____	<b><u>Volunteer Management</u></b> ____ # of Volunteers <input type="checkbox"/> Volunteer Housing ____ # People can House <input type="checkbox"/> Showers <input type="checkbox"/> Kitchens <input type="checkbox"/> Bilingual Services Languages _____ <input type="checkbox"/> Sign language services <input type="checkbox"/> Coordination / Management _____ _____
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<p><b><u>Individual and Family Services</u></b></p> <p><input type="checkbox"/> Case Management</p> <p><input type="checkbox"/> Preparedness/Wellbeing checks</p> <p>    <input type="checkbox"/> <i>Pre-Disaster</i></p> <p>    <input type="checkbox"/> <i>Post-Disaster</i></p> <p><input type="checkbox"/> Child Care/Camp</p> <p><input type="checkbox"/> Adult Day Care</p> <p><input type="checkbox"/> Advocacy</p>	<p><b><u>Transportation Services</u></b></p> <p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Accessible Transportation</p> <p><input type="checkbox"/> Special Needs/ Elderly</p> <p><input type="checkbox"/> Transportation Vouchers</p> <p><input type="checkbox"/> Trucks</p> <p><input type="checkbox"/> Vans</p> <p><input type="checkbox"/> Boats / Air Boats</p> <p><input type="checkbox"/> Auto Repair</p>	<p><b><u>Emergency Services</u></b></p> <p><input type="checkbox"/> Debris Removal</p> <p><input type="checkbox"/> Damage Assessment Teams</p> <p><input type="checkbox"/> Home Repair Assistance</p> <p>    <input type="checkbox"/> <i>Major</i></p> <p>    <input type="checkbox"/> <i>Minor</i></p> <p><input type="checkbox"/> Emergency Repair/Tarp Teams</p> <p><input type="checkbox"/> Chain Saw Teams</p> <p><input type="checkbox"/> Radio/Communications</p> <p><input type="checkbox"/> Pet Care / Services</p>
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How many clients does your organization serve annually? \_\_\_\_\_

Please list any other service(s), or materials you are able provide that are not represented above:

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**Please list any services, materials or supplies your company, organization or clients may need in a disaster:**

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As an individual or business, I/We submit our application for membership with SAFER St. Lucie County, Inc. agreeing to participate in activities, workshops and meetings to help create a more resilient community. All of the statements in this application and capabilities statement are true and I/We will support the operations and activities of SAFER St. Lucie County to the best of our abilities and capabilities.

**Signed** \_\_\_\_\_ **Date** \_\_\_\_\_

Please return to: Fax: 772-462-8484  
or info@saferstlucie.org