



**Lutheran Disaster
Response**

OREGON SYNOD ELCA
DISASTER PREPAREDNESS

Quick Start Guide



June, 2020

Improving Readiness for Major Disasters

This Quick Start Guide outlines the steps that Oregon Synod Congregations are invited to take to improve their personal readiness and the congregation's preparedness to help their community during a major disaster.

APPENDIX B: ORGANIZATIONAL CAPABILITIES ASSESSMENT FORM

(Source: DHS FEMA “Engaging Faith-based and Community Organizations)

Use this customizable self-assessment form to aid in determining how partner organizations might assist in emergency management operations. Elements of this form were developed in collaboration with partners in Miami-Dade County Communities Organized to Respond in Emergencies (C.O.R.E.), the National Disaster Interfaith Network, and the University of Southern California Center on Religion and Civic Culture.

Partnering Organization’s Information

Name of Organization: _____ Date of Contact: _____

Name of Contact: _____ Position in Organization: _____

Telephone Number: _____ Email: _____

Organization Address: _____

Organization Main Telephone Number: _____

Organization Main Email: _____ Web URL: _____

Organization Type (e.g., Faith-Based Organization, Community Based Organization):

Number of Members Total: _____ Number of Adult Members: _____

Does your organization have a Disaster or Emergency Plan in place? Yes _____ No _____

What services/resources do you provide on a daily basis to your members or community?

	To organization members	To broader community
Care for people with disabilities or access and functional needs	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>
Clothes Distribution	<input type="checkbox"/>	<input type="checkbox"/>
Commercial Kitchen	<input type="checkbox"/>	<input type="checkbox"/>
Community Center	<input type="checkbox"/>	<input type="checkbox"/>
Counseling	<input type="checkbox"/>	<input type="checkbox"/>

Food/Commodities Pantry	<input type="checkbox"/>	<input type="checkbox"/>
Medical Services	<input type="checkbox"/>	<input type="checkbox"/>
Security	<input type="checkbox"/>	<input type="checkbox"/>
Shelter	<input type="checkbox"/>	<input type="checkbox"/>
Shelter Management	<input type="checkbox"/>	<input type="checkbox"/>

Transportation	<input type="checkbox"/>	<input type="checkbox"/>
Other _____	<input type="checkbox"/>	<input type="checkbox"/>

Would your organization be willing to provide these services in an emergency? Yes ___ No ___

How is your facility/organization equipped to fulfill the services that you provide? (e.g., space, kitchen, equipment) _____

Is your facility equipped with a generator? Yes ___ No ___

Please provide information regarding the occupations and skills of members of your organization who may be able to serve the community in a crisis (please note any training or certifications obtained, as applicable/available):

- Chaplain / Spiritual Care Providers: _____
- Crisis Counselors: _____ Individuals
- Trained in Cardiopulmonary Resuscitation (CPR)/First Aid: _____
- Interpreters (please include languages, to include American Sign Language): _____
- Medical Doctors: _____
- Nurses / Licensed Vocational Nurses: _____
- Paramedics/ Emergency Medical Technicians: _____
- Retired Public Safety Personnel: _____
- Teachers/Child Care: _____
- Veterinarian or Animal Care Services: _____
- Other (e.g., amateur radio operators): _____

Does your organization have the ability to distribute food or other commodities to the community during a small or large-scale incident? Yes ___ No ___

- If yes, how many meals can your organization prepare and serve each day? _____
- Does your organization have the ability to deliver food? Yes ___ No ___

Does your organization have a shelter space available for use during a small or large-scale incident? Yes ___ No ___

- If yes, what is the size (including square footage) and type of space that is available for sheltering?

- How many people can be sheltered? _____
- Can people with disabilities and others with access and functional needs use this facility? Yes ___ No ___ (Please provide details) _____

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- Are non-service animals permitted in or around the shelter space? (Please provide details.)

Does your organization have a licensed or certified childcare facility? Yes ___ No ___

- If yes, is your organization willing to serve community members and children who need assistance following an incident? Yes ___ No ___
- What is your maximum childcare capacity?

Can your organization provide mental, emotional counseling during a small or large-scale incident? Yes ___ No ___

- If yes, what types of counseling (mental, emotional)?

- If yes, how many licensed/certified/trained counselors will your organization be able to provide?

Does your organization have a communication system to activate in response to a small or largescale incident? Yes ___ No ___

- If yes, what type of system do you have (e.g., amateur radio, phone tree)?

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- Who does the system reach (e.g., community members, employees)?
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Does your organization accept donations? Yes ___ No ___

- If yes, what type (e.g., food, clothing, money)?
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Does your organization distribute donations through case management? Yes ___ No ___

- If yes, what type (e.g., food, clothing, money)?
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Does your organization have the ability to mobilize volunteers to assist the community during a small or large-scale incident? Yes ___ No ___

- If yes, how many volunteers could your organization provide at one time?
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