**Evacuee Card (Front)**　　　　　　　　　　　　　　【Form-7】

避難者カード【英語】

**Date filled out:**　　　 　 　 　　**Fill out for each household.**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Evacuation Date/Time** | |  | | | | | Shelter group－　No.  － |
| **Evacuation Site** | | Evacuation shelter ・ Home　・　Other　( )  \*If evacuated to a car, please write parking location. | | | | |
| **Residents’ Association** | | \*If you are not a member, write “未加入” (not a member). | | | | |
| **Mark those who are at an evacuation shelter with ○** | **furigana**  **Full Name** | | **Age** | **Sex** | **Relationship to Representative** | **Notes \*Write the number of type of support and things that require particular consideration.** | |
|  | (Representative) | |  | M  ・  F  ・  Other |  |  | |
|  |  | |  | M  ・  F  ・  Other |  |  | |
|  |  | |  | M  ・  F  ・  Other |  |  | |
|  |  | |  | M  ・  F  ・  Other |  |  | |
|  |  | |  | M  ・  F  ・  Other |  |  | |
| **Address** | | 〒 | | | | | |
| **Representative’s Phone Number** | | (　 　) | | | | | |
| **Evacuated with a pet** | | Yes　・　No　　　　　\*If “Yes”, please also fill out the Pet Registration Form. | | | | | |
| **People who require support**  **\*If applicable, write respective numbers in “Notes” area.** | | 1) Pregnant/nursing　　2) Infant　　3) Disability (　　　　　　　　　　 )  4) Needs a caregiver　5) Uses a medical device (　　　　　　　　　　 )  6) Allergy (　　　　　　　　) 7) Foreign resident (Nationality:　　　　　　　　　　 )  8) Other (　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　 ) | | | | | |

\* “People who require support” refers to people who need special considerations for life at an evacuation shelter due to being pregnant/nursing, having small children, having a disability, etc.

**Evacuee Card (Back)**　　　　　　　　　　　　　　　　【Form-7】

**The back page can be filled out once your situation has stabilized.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Releasing information about your safety (Please circle “Yes” or “No”).** | | | |
| Would you like your information to be shared publicly on the government’s website or media outlets? | | | Yes ・ No |
| Would you like your information shared with relatives/roommates/friends who inquire about your safety? | | | Yes ・ No |
| **Damage to Residence?**  **\*Circle those that apply.** | Yes　・　No \*If “Yes”, describe the extent of the damage below. | | |
| \*Example:  ・My home has been damaged and I cannot live in it for the time being  ・I can return to my residence if I fix up the inside a little | | |
| No electricity　　　　No water　　　　No gas　　　　No phone  Other (　　　　　　　　　　　　　　) | | |
| **Information about the injured** | | | |
| Write their name and details about the status of their injury/illness. | | | |
| **Admitted Location**  **(transfer location)** | |  | |
| **Admitted Location Information**  **(transfer address)** | |  | |
| **Other Important Information (if anybody with you has certain certifications and are able to help out, please write their name and those details):** | | | |

＜避難所運営委員会記入欄 To be filled by evacuation shelter staff＞

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| 退所年月日 | 年　　　　月　　　　日 | | |
| 退 所 先 |  | 電話 |  |