

# MACON COUNTY

## Operation Winter Shield

### Weather & Home Safety Registration Form

NAME		AGE
CITY	ZIP Code	
Email Address		
Phone Number (Home)		(Cell)
Household Size: # of Children (Ages 0-17)		# of Adults (18+)
Any members of your household have a disability? Yes/ No Check all that apply ____ hearing loss    ____ vision loss    ____ limited mobility    Other ____		
Race:    ____ White    ____ African American    ____ Hispanic    ____ Asian    ____ Indian		
How do you heat your home? ____ HVAC (Central Heat)    ____ Electric Heater    ____ Gas Heater    ____ Stove    ____ Wood ____ Window Unit    ____ Other _____ Source: ____ Gas    ____ Electric		
How do you cool your home? ____ HVAC ( Central Air)    ____ Ceiling Fan    ____ Windows    ____ Window Air Conditioner ____ Floor Fan    ____ Other _____		
Are you in need of a smoke alarm installation?    YES _____ NO _____		
Do you have a home safety plan?    YES _____ NO _____		
Are you in need of a fan?    YES _____ NO _____		
Are you in need of a heater YES _____ NO _____		
Do you have a weather radio? YES _____ NO _____		
Do you have a READY BAG packed for severe weather? YES _____ NO _____		



American Red Cross