

Fiscal Year Reiwa 7 (2025) Household and Family Survey Form

英語

What is the Household and Family Survey Form?

This is the survey that has been conducted jointly by autonomous disaster prevention organizations, the council of commissioned volunteers for welfare and children, and Yaizu City since fiscal year 2008.

Purposes of the Survey

- To create the form in order to confirm the safety of the people within the district in times of disaster and other emergency occasions.
 - ※ This Household and Family Survey Form will be listed and filed from ordinary times for personnels in above-mentioned institutions to quickly confirm safety of local residents during a disaster.
 - This form will be used in some cases of Disaster Prevention Drill.
- To grasp the status of people who are elderly or handicapped living alone, or of parents who are taking care of their small children, etc.
- This form is used when a serious situation which affects the lives of local residents is occurred.
- Check the each household's maintenance status of daily necessities that are necessary in times of disaster.

To local residents (request)

This survey form will be filled in so that board members of the Voluntary disaster prevention organization, Welfare commissioners, and Child welfare workers can confirm the safety of the local residents in times of disaster and facilitate welfare support on everyday life.

In the survey form, there are columns to write the personal information of you, citizens; however, those columns will be filled in on your own free will.

In addition, **your privacy is strictly protected, and it will not be used in any other purposes than the above ones.**

Thank you for your understanding and cooperation.

How To Fill Out the Survey Form



- On the survey form, please provide the information of people who actually live in the same household as of June 1, Reiwa 7 (2025).
- This survey form is in triplicate. Please write hard with a ballpoint pen etc.
- Households with more than 8 persons should fill in the remaining information in the empty space or receive an extra survey form to fill in from the president of the neighborhood community association.
- How to submit: please put the survey form in the designated envelope and seal it before handing it in to the president of the Neighborhood House Association (kumicho) . (Welfare commissioners and Child welfare workers will open the collected envelopes.)

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Residents' Association (Jichikai): ☐ Neighborhood Community Association (Chonaikai): ☐ Neighborhood House Association (Kumi): ☐ <As of June 1, Reiwa 7 (2025)>

Please write about your household.	Current Address	Yaizu Shi Apartment () Room number ()	Name: ()	Tel: ()	Home	()	① Agency contact information (Daytime contact no. other than home)	() (Relationship or name)	() (Relationship or name)	() (Relationship or name)	⑦ In the box if you are certified as having a disability or needing care, etc., will need evacuation support from neighbors in the event of a disaster, and agree to provide personal information to related parties.
	② you prepared 7-day emergency survival stockpile?	Food	Drinking water	Portable toilet	Status of countermeasures to prevent furniture from falling over	③ Evacuation site when a huge earthquake has occurred while at home	① Tsunami Evacuation Site ("A temporary evacuation place at the time of a tsunami attack" where your family has decided to evacuate.)	② Safety Confirmation Site ("A locally designated place to confirm safety of your family after a tsunami alert has been lifted".)	Estimated time from home to the tsunami evacuation site stated in ① on the left	Minutes	
Please write about each person.	#	Name in HIRAGANA Name	sex	Relationship	Birth date	Age	④ Occupation or name (Location) (Grade)	⑤ Place to evacuate if your house is severely damaged after reporting safety of your family members.	⑥ Detailed information on disability		
	1		Male Female Other	Householder	Year / Month / Date 年 月 日		(City · Town) (Grade:)	Place to evacuate: () Relatives, friends etc.: ()	Yes · No Yes · No	Physical Disability Certificate Level: _____ Mental Disability Certificate Level: _____ Intellectual Disability Certificate Level: A · B Needed Long-term Care: 1 2 3 4 5 Needed Support: 1 2 Other: _____	
2		Male Female Other		Year / Month / Date 年 月 日		(City · Town) (Grade:)	Place to evacuate: () Relatives, friends etc.: ()	Yes · No Yes · No	Physical Disability Certificate Level: _____ Mental Disability Certificate Level: _____ Intellectual Disability Certificate Level: A · B Needed Long-term Care: 1 2 3 4 5 Needed Support: 1 2 Other: _____		

①

Emergency Contact in times of disaster.
(Daytime contact no. other than home)

Please include a daytime contact no. of family, relative, workplace, etc.

②

Do you reserve seven-day stockpile necessary for your life during disaster?

If you reserve stockpile less than 7 days, please put a circle, ○ on "partially".
※Stockpiles mean things necessary for our lives in a home or evacuation center after emergency evacuation. It's said that standard stockpile amount is for seven days.



<Earthquake countermeasures>

③

Evacuation site when a huge earthquake has occurred while at home

① Tsunami Evacuation Site

Please write "a temporary evacuation place" your family has decided to evacuate at the time of a tsunami attack" (e.g. name of a tsunami evacuation tower or building, tsunami evacuation cooperation building etc.).
It is a place you should first evacuate to when an earthquake occurs. Please confirm where it is on the Yaizu-city disaster prevention map, etc.



< Yaizu-city disaster prevention map >

② Safety Confirmation Site

After you evacuate to a Tsunami Evacuation Site first, gather this site after a tsunami has subsided, and please write a locally designated place to confirm everyone's safety.
As for the Safety Confirmation Site, please ask a responsible person in your community to check it.

Estimated time from home to the tsunami evacuation site stated in ①: please write how long it takes to evacuate on foot or by bicycle.

④

Occupation or school name

For the column "Occupation or school name," please write the occupation and the location of your office (name of the city or town is enough) if you are a worker. For students, please write the school name, location, and grade.

For those who go home from time to time from school, work, facility etc. please fill out if the current address is the same with the house holder or living within the city of Yaizu. For filling out method, please write in (6), the location you are mostly at. Please write the following in (7) such as, same place to evacuate with the family or 「studying outside the city」, 「admitted in a facility」 etc. For those who are not currently living in Yaizu City, please write the same just like any of your family, if your family wishes to do so.

⑤

Place to evacuate if you find your house severely damaged after reporting safety of your family members

For the column "Place to evacuate if you find your house severely damaged after reporting safety of your family members," please write the place you temporarily stay if you find your house too damaged to live in after you confirm safety of your family members at the safety confirmation place. For the column "Place to evacuate," please write the locally designated place for evacuation (ex. public facilities such as school buildings). If you plan to evacuate to your relative's or friend's house, please write the address and phone number in () next to "Relatives, Friends, etc."

Example: (At Mr./Ms. ◇◇: □□□, △△ Town, ○○ City Phone number:○○○-○○○-○○○○)

⑥

Detailed information on disability

In the column of 『Detailed information on disability etc.』 please circle the applicable items, numbers or other information 「others」 such as physical status (ex. bedridden, dementia etc.)

⑦

Agreement for providing personal information to evacuation supporters, autonomous disaster prevention organizations, etc. at ordinary times

Eligible: A person who received Certification of Requiring Long-Term Care above Level 3
A person who has a Physical Disability Certificate Level 1 or 2
A person who has a Rehabilitation Certificate Level A
A person who has Mental Disability Certificate Level 1

A person who needs other support

Please put ○ if the person falls into the above categories agrees, even at ordinary times, to have his/her specific disability and related information shared with evacuation support bodies (such as autonomous disaster prevention organizations, commissioned volunteers for welfare and children, the city, and the department of local government responsible for preventing and extinguishing fires), as well as listed on the list of persons requiring assistance during evacuation. Please put ○ again even if the person notified so last year.

If you put ○, please make your evacuation assistance plan (personal plan) at a later time (sometime in October to December.)

※The list of Citizens Requiring Disaster Evacuation Assistance

It is aimed that the citizens who are not able to evacuate by themselves or to receive evacuation assistance from their family members register their information beforehand so that the agencies assisting evacuation are enabled to share their information. When a disaster occurs or is about to occur, the information of the list will be provided to the agencies assisting evacuation and other relevant persons.

さいがい 災害から身を守ろう！(やさしい日本語)

地震が 来たら やること

- ① 地震が 来たら、まず 自分の
からだ まも
体を守って ください。



- ② 「火事の 場所が 近いとき」、「海の 近くに
いるとき」、「崖の 近くに いるとき」は、
早く 避難して(逃げて)ください。



火事(かじ)



海(うみ)



崖(がけ)

- 家が 壊れたり、壊れそうな ときは、
避難して(逃げて)ください。



- ③ 家が 安全だと わかった
ときは、家に いて ください。



最初に 避難する(逃げる) 場所



- ① 近くの「避難場所」に 避難して(逃げて)ください。
- ② 海の 近くに いるときは、近くの「津波避難場所」
または「津波避難ビル」の 高い 場所へ 早く
避難して(逃げて) ください。

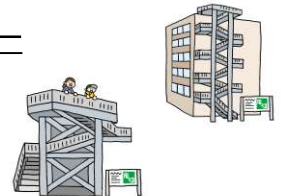
津波避難場所

津波から 逃げる 場所です。
まわりの 場所より 高い
山 や 丘です。



津波避難ビル・津波避難タワー

津波から 逃げるための
高い 建物や 塔(タワー)
です。



Contact list

Inquiry details	Division in charge	Contact (Telephone)
The fill in method of the Household and Family Survey Sheet	Disaster Prevention Planning Division Fire & Disaster Department (Fire & Disaster Prevention Center 2nd Floor)	625-0128
The Social welfare workers/Child welfare workers; List of people requiring assistance for evacuation (※) and evacuation support plan (individual plan)	Community Welfare Division (Chiiki Fukushi-ka), Health & Welfare Department (2nd floor, main building of City Hall)	631-5530
Status regarding how well households have installed devises to prevent collapse of furniture.	Community Disaster Prevention Division Fire & Disaster Department (Fire & Disaster Prevention Center 2nd Floor)	623-2554
Emergency stockpile necessary to survive for 7 days in case of an emergency		

※The list of citizens requiring disaster evacuation assistance has the information about the people who will have difficulty in evacuation on their own or even with their family's support at the time of disaster. The list allows the information to be shared among evacuation supporters, voluntary disaster prevention associations, etc.