

Disaster Plan for Individuals

Directions: In order to prepare for a disaster ahead of time, complete this form and bring it with you when you evacuate.

Personal Information

1. Name: _____ Date of Birth: _____

2. Social Security Number: _____

3. Street Address: _____ Apartment Number: _____

4. City: _____ State: _____ Zip: _____

5. Telephone: _____ Cell Phone: _____ TTY: _____

6. Pager: _____ E-mail: _____

7. Persons to Contact in Emergency:

Name: _____ Relationship: _____

Phone: _____ E-mail: _____

Name: _____ Relationship: _____

Phone: _____ E-mail: _____

Name: _____ Relationship: _____

Phone: _____ E-mail: _____

8. If you have a disability what is it's nature: (Ex: Corrective Lenses, Blind, Hearing Aid, Mobility)

9. Names and ages of people living with you:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

10. Do you have or are you a caretaker? Have: _____ Are: _____ No: _____
If have a caretaker, what is their name and contact information:

Name: _____

Contact Information: _____

11. Describe your pets:

12. Do you have a service animal? Yes: _____ No: _____

If Yes, what kind of animal, what services does it provide, how much does it weigh?

Kind of Animal: _____ Weight: _____

Services: _____

13. Do you have a car or other means of transportation?

14. Do you use Special Transportation Services? Yes: ____ No: ____

15. Will you need assistance to evacuate? Yes: ____ No: ____

If Yes, what type of assistance will you need?

16. Which Agencies or Organizations have you registered with to assist you with evacuation?

Important Papers (For quick reference write the numbers down or provide appropriate extra information)

17. Do you have important documents to take with you?

____ Drivers' License or State ID _____

____ Social Security Card _____

____ Proof of Residence (water bill, electric bill, etc.) _____

____ Insurance Policies _____

____ Will / Living Trust _____

____ Property Deeds _____

____ Birth and Marriage Certificates _____

Important Documents to take with you continued.

_____ Tax Records _____

_____ Maps _____

_____ Plan of Care _____

_____ Other Important Documents _____

Communication Plan

18. List your immediate and extended family members:

Name	Relationship	Address
_____	_____	_____

Phone #	Email Address
_____	_____

Name	Relationship	Address
_____	_____	_____

Phone #	Email Address
_____	_____

Name	Relationship	Address
_____	_____	_____

Phone #	Email Address
_____	_____

19. List any additional contacts you might wish to reach during or after evacuation:

Name	Relationship	Address
_____	_____	_____
Phone #	Email Address	
_____	_____	
Name	Relationship	Address
_____	_____	_____
Phone #	Email Address	
_____	_____	
Name	Relationship	Address
_____	_____	_____
Phone #	Email Address	
_____	_____	
Name	Relationship	Address
_____	_____	_____
Phone #	Email Address	
_____	_____	

20. Name three places you can go in an emergency (friend's home, motel, shelter)

Address	Phone
_____	_____
Address	Phone
_____	_____
Address	Phone
_____	_____

21. What preparations have you made for your pets during the emergency?
(Service animals should come with you during an emergency)

Describe: _____

22. Identify your medicines and medical supplies that you have to take with you:

Describe: _____

23. Do you have a first aid kit to take with you?
Yes ____ No _____ If no should get one.

24. What bedding and clothing, including sleeping bags and pillows will you take with you?

Describe: _____

25. Do you have bottle water to take with you? (3 gallons or more per person is recommended)

Yes ____ No _____ If no should get one.

26. Describe any special dietary needs:

Describe: _____

27. Do you have a battery powered weather radio or a crank powered weather radio and extra batteries?

Yes ____ No _____ If no should get one.

28. Do you have food and a can opener to take with you.

Yes ____ No _____ If no should get one.

29. Do you have written instructions of how to turn off the utilities?

Yes ____ No _____ If no write them down and put with your emergency kit.

Supply Kit Checklist

- First Aid Kit and essential medications including prescriptions in the original containers
- Canned food and can opener
- At least 3 gallons of water per person
- Protective clothing, rainwear, and bedding or sleeping bag
- Battery or crank powered weather radio and flashlight with extra batteries
- Special items of necessity for family members (contact case & glasses, mobility items,)
- Written instructions of how to turn off utilities
- Extra Cash
- Identification papers and other important papers – could be stored on a flash drive
- Spare keys
- Evacuation Procedures and Map
- Names, addresses, telephone numbers and email addresses of family, friends, and people who can provide assistance during an evacuation

Emergency Procedures You Need to be Aware of:

- If in an apartment need to be aware of emergency exits and procedures.
- Need to have fire alarms and CO2 alarms that function in a way you are aware of them going off, sound, flashing lights.
- If you need assistance to evacuate your premises need to make sure apartment manager or neighbors or County Emergency Management know
- Know the Emergency Procedures at work, if you need assistance need to let them know. If you need help who would?
- Can you move quickly in case of an emergency to get out?
- If stairs are difficult for you do you have someone to help you?
- If you use an electric wheel chair do you have a regular wheel chair you can use?
- Is it hard for you to get out of a chair or up from the floor? Who could you get to help you up?

Medical Information

1. List all the drugs and medications your taking including over-the-counter and herbal remedies:

Name	Amount/Strength	How Often
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Are you allergic to any medications, foods, or environmental factors?

Name	Description	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

3. Information about your pharmacy

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Information about your Hospital

Name	Address	Phone
_____	_____	_____
_____	_____	_____

5. Are you an organ donor? Yes ____ No ____

Describe:

6. Have you an assigned Medical Power of Attorney? Yes ____ No ____

Name	Address	Phone
_____	_____	_____

7. Information about your doctors

Name	Type of Physician	Phone
_____	_____	_____
_____	_____	_____

8. List any serious medical operations, surgeries, etc.

Name of Procedure	Date	Results
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. List any other medical problems:

10. Health Insurance Information:

11. What services do you receive from any helping agencies or organizations:

Your Signature: _____ Date _____

Printed Name: _____