

Personal Plan for Disaster Preparedness

A Plan for a Person Living in a Supported Living Arrangement

NOTE: THIS PLAN MUST BE UPDATED BY MAY 15TH EACH YEAR AND AS ANY CHANGES OCCUR

Most recent update: _____

UPDATED COPIES MUST BE PROVIDED TO CONSUMER, APD, SUPPORT COORDINATOR, SL COACH,
PERSONAL SUPPORTS AND ANY OTHER PARTY WITH ASSIGNED RESPONSIBILITY

Name: _____ Address: _____

Ph#: _____ Roommate(s): _____

Emergency Contact/Relationship/Ph.# _____

SC/Ph#: _____ SLC/Ph.#: _____ IHS/Ph.#: _____

PLAN A: My Personal Plan to Shelter in Place - My first choice will always be to shelter in my own home unless County Emergency Mgmt. mandates evacuation or the emergency situation makes me feel I may not be safe if I remain in my home. This is my plan to shelter in place:

I have the following supplies reserved in my home for emergencies and this person helps me check/refresh these supplies each quarter: _____

- 3 day supply of water (1 gal/day for each person in my home; water replaced every 6 mos.)
- 3 day supply of nonperishable food that requires little/no cooking and little/no water to prepare
- Battery-operated radio and extra batteries
- Flashlight for each person in the home and extra batteries
- First aid kit with bandages, cleansing agent, antiseptic, gloves, sunscreen, over-the-counter meds, etc.
- Sanitary supplies including toilet paper, hand sanitizer, bleach, personal hygiene items, garbage bags
- Duct tape, precut plastic sheeting to cover ducts and all openings in interior room designated for shelter in event of chemical or biological threat.
- Other tools/supplies: disposable cups, plates and utensils; multipurpose utility tool; whistle; matches/lighter; rain gear; complete change of clean dry clothing; bedding/sleeping bag; charged cell phone and charger; cash; pet supplies; games, books, entertainment supplies

I maintain at least a three day supply of my prescription meds at all times, and in the event of a potential disaster, this person will help me fill my prescriptions to obtain at least a two week supply: _____

I have a waterproof container that has copies of my identification, emergency contact information, insurance papers, list/proof of valuables; evacuation communicator, disaster plan, updated medical and prescription information, bank and credit card information, Social Security information and other important documents. This person helps me update/verify each quarter: _____

I am dependent on the following special dietary supplies, durable medical equipment and/or consumable medical supplies: _____
_____ all of which this person helps verify each quarter are in good working order +/- or adequate supply: _____

I will use the following interior space in my home to shelter in the event of a tornado, chemical or biological threat or similar emergency: _____

If I need assistance as I shelter in my home, this person(s) will remain with me in my home: _____

PLAN B: My Personal Plan When I Must Evacuate My Home - If I must evacuate my home during an emergency or disaster, I am prepared to follow this plan:

I have an easy-to-carry "Go Kit" prepared that contains or can be readily packed to contain the following supplies that I have reserved in my home and will take with me in the event of an emergency: at least a 7-day supply of meds; items required for special diet; a 3-day supply of water and non-perishable food and snacks; personal hygiene essentials; first aid kit; battery-operated radio and extra batteries; flashlight and extra batteries; cash; cell phone and charger; bedding/sleeping bag; at least one complete change of clean dry clothing; glasses; hearing aides; durable and consumable medical supplies; waterproof container that has copies of all of my important documents; multipurpose utility tool; whistle; matches/lighter; rain gear; games, books, entertainment supplies. This person will help make sure my "Go Kit" is readied in the event I need to evacuate my home: _____

I have a plan for my pet(s). I will bring my pet(s)'s supplies and papers with me. I have checked to make sure that each of the places that I have identified to evacuate to will allow me to bring my pet(s) or I have arranged for this person to take care of my pet(s) for me: _____

I will evacuate to one of these locations if I can evacuate within the area:
First Choice (name/address/phone number): _____

If circumstances prevent me from evacuating to my first choice, I will evacuate to (name/address/phone number): _____

I will evacuate to one of these locations if I must evacuate out of the area:
First Choice (name/address/phone number): _____

If circumstances prevent me from evacuating to my first choice, I will evacuate to (name/address/phone number): _____

I have transportation arranged to get to both my first and second choices for both my in-area and out-of-area evacuation destinations. This person has committed to assisting me to evacuate: _____

If I need assistance when I evacuate, this person(s) will remain with me for the duration of my evacuation: _____

PLAN C: My Personal Plan If I Must Go to a Shelter - I understand that shelters operated by County Emergency Management and the Health Department are available but should only be used as a *last resort* and as a back-up to My Personal Sheltering Plans A and B. Shelters may be crowded, noisy, lack privacy and may be especially challenging for persons with behavioral health needs. However, if circumstances make it necessary for me to go to a shelter, this is my plan:

I know whether I will need to go to a special needs shelter or if can safely shelter at a general population shelter. This person, _____, helped me find out that I will need to go to this type of shelter:

I will need to go to a special needs shelter because I need electricity for life supporting medical equipment, or basic nursing care, or oxygen therapy, or observation/monitoring by a healthcare professional, or assistance with medication and no one to assist me, or a chronic condition that requires assistance from a healthcare professional, or special medical requirements that do not require hospitalization or another special need that cannot be accommodated in a general population shelter: _____

I will be able to go to a general population shelter because I do not need the type of care and supervision that is provided in a special needs shelter.

I will need to go to a medical facility because my special medical requirements exceed what can be provided in a special needs shelter.

I have identified how I will get to my designated shelter.

I will need to use transportation arranged and provided by County Emergency Management

I will be transported by this person: _____

I have submitted preregistration to my County Emergency Management if I need or suspect I may need to shelter in either a special needs shelter or a medical facility or if I need transportation to evacuate to a shelter. This person submitted my preregistration _____ on this date _____.

I received confirmation from my County Emergency Management regarding my preregistration shelter assignment Yes ___ or No ___

The County Emergency Management has assigned the following special needs shelter or medical facility address as follows _____

I have an easy-to-carry "Go Kit" prepared that contains or can be readily packed to contain the following supplies that I have reserved in my home and will take with me to the shelter: at least a 7-day supply of meds; items required for special diet; a 3-day supply of water and non-perishable food and snacks; personal hygiene essentials; first aid kit; battery-operated radio and extra batteries; flashlight and extra batteries; cash; cell phone and charger; bedding/sleeping bag; at least one complete change of clean dry clothing; glasses; hearing aides; durable and consumable medical supplies; waterproof container that has copies of all of my important documents; multipurpose utility tool; whistle; matches/lighter; rain gear; games, books, entertainment supplies. This person will help make sure my "Go Kit" is readied in the event I need to go to a shelter: _____

If I evacuate to a special needs shelter, this person(s) will remain with me for the duration of my evacuation: _____

I have a plan for my pet(s). My pet will either go to the designated pet shelter in my county or I have arranged for this person to take care of my pet(s) for me: _____ My pet(s)'s supplies and papers will be sent with my pet.

My Personal Commitment to Disaster Preparedness - I understand that I have a personal responsibility for disaster preparedness and I am committed to working in a proactive manner with County Emergency Preparedness Management and the people who support me to follow my Personal Plan for Disaster Preparedness.

I have received training and information from this person _____ about my personal responsibility for preparing for all types of disasters including hurricanes, tornadoes, wildfires, earthquakes, floods, chemical and biological spills/attacks, nuclear power accidents, terrorists attacks, etc.

I review/practice/drill on this plan with this person _____ on at least a quarterly basis.

I will call this person _____ at one of these numbers _____ within 2 hours or as soon as possible after a disaster/emergency has passed to report on my health/safety status and needs. This person will assist me to call: _____.

Consumer Signature/Date

Support Coordinator Signature/Date

SL Coach Signature/Date

Personal Supports Signature/Date

Personal Supports Signature/Date

Other Signature/Date