

## Personal Disaster Plan

Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Ph#: \_\_\_\_\_ Roommate(s): \_\_\_\_\_  
Emergency Contact/Relationship/Ph.# \_\_\_\_\_  
SC/Ph#: \_\_\_\_\_ SLC/Ph.#: \_\_\_\_\_ Other/Ph.#: \_\_\_\_\_

This Personal Disaster Plan should be updated annually, or as living situations change.

Most recent update: \_\_\_\_\_

Copies of Disaster plan to be provided to:

_____ Consumer	_____ Personal Supports Provider
_____ Support Coordinator	_____ Licensed Residential Facility
_____ Supported Living Coach	_____ Other

**PLAN A: My Personal Plan to Shelter in Place:** My first choice will always be to shelter in my own home unless County Emergency Management mandates evacuation, or the emergency situation makes me feel that 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:
  - 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 a chemical or biological threat.
  - | Other tools/supplies: disposable cups, plates and utensils; multipurpose utility tool; hand held can-opener; 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.
  - | In the event of a potential disaster, the contact information of the person who will help me fill my prescriptions to obtain at least a two-week supply is:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
  - | 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.
  - | I will notify my employer about where I am.
- I am dependent on the following special dietary supplies, durable medical equipment and/or consumable medical supplies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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- | 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: \_\_\_\_\_
- | I have a generator. \_\_\_\_ Yes. \_\_\_\_ No. It will run the following in my home (appliances, etc.):  
\_\_\_\_\_
- | The contact information of the person who helps me to ensure that all the above has been completed, all equipment is in working order, and that all personal information is current on a quarterly basis is:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- | If I need assistance as I shelter in my home, this person(s) will remain with me in my home:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**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:

- Please see "Go Kit" on **page 3**.
- Please see "Pets" on **page 4**.
- I will evacuate to one of these locations if I can evacuate within the area:
  - First Choice  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
  - Second Choice: 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 of my in-area and out-of-area evacuation destinations. The contact information for the person who has committed to assisting me in evacuating is:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_
- | I am dependent on the following special dietary supplies, durable medical equipment and/or consumable medical supplies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- | If I need assistance when I evacuate, this person(s) will remain with me for the duration of my evacuation:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLAN C: My Personal Plan If I Must Go to a Shelter or Medical Facility:** 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. Note: 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 or medical facility; this is my plan:

- | I have determined what type of shelter or medical facility that I will need to go to (a general population shelter, a special needs shelter, or a medical facility.)
- | This person helped me determine where I need to go:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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- I am dependent on the following special dietary supplies, durable medical equipment and/or consumable medical supplies:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Transportation: I have identified how I will get to my designated shelter.
- I will need to use transportation arranged and provided by County Emergency Management and have confirmed this with them.
  - I will be transported by this person/company:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### 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.
- | The name and location of the general population shelter that I will go to is:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Special Needs 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 understand that there are eligibility criteria that I must meet to have access to a special needs shelter. I have submitted pre-registration 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:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_
- I received confirmation from my County Emergency Management regarding my pre-registration shelter assignment. **Yes** \_\_\_ or **No** \_\_\_
  - The County Emergency Management has assigned the following special needs shelter or medical facility address as follows:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
  - I will need to use transportation arranged and provided by County Emergency Management and have confirmed this with them.
  - I will be transported by this person/company:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_
  - If I evacuate to a special needs shelter, this person(s) will remain with me for the duration of my evacuation:  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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## Medical Facility

I will need to go to a medical facility because my special medical requirements exceed what can be provided in a special needs shelter. The contact information of the facility is:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## **"Go Kit" Note – for iConnect – this should be in the form of a checklist.**

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 two week 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 aids; 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 if I need to go to a shelter:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Pets/Service Animals

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/veterinarian to take care of my pet(s) for me:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

My pet(s)'s supplies and papers will be sent along with my pets.

I have a Service Animal. It is this kind of an animal \_\_\_\_\_ and it performs the following services for me: \_\_\_\_\_.

## 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 Management and the people who support me to follow my Personal Plan for Disaster Preparedness.

I have received information 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, terrorist attacks, etc.

I review/practice/drill on this plan with this person \_\_\_\_\_ on at least an annual basis.

I will contact: Name \_\_\_\_\_ at one of these numbers: \_\_\_\_\_ or \_\_\_\_\_ about my location in any type of emergency, within 2 hours or as soon as possible to report on my location and health/safety status and needs.

\_\_\_\_\_  
Consumer Signature/Date

\_\_\_\_\_  
Support Coordinator Signature/Date

\_\_\_\_\_  
Legal Representative Signature/Date

\_\_\_\_\_  
Personal Supports Signature/Date