

Family Disaster Plan

1. Evacuation zone we live in: _____ Or mobile home: Yes No
2. Where we will go if we need to evacuate? Shelter Friend Relative Hotel
Name: _____
Address: _____
Phone: _____
3. Have I notified my out-of-state contact of our plans: Yes No
Name: _____
Address: _____
Phone: _____
4. Is my employer aware of my family plan and has my emergency contact information? Yes No
5. Does a member of my family require life support equipment? Yes No
6. Does a member of my family require a Special Needs Shelter? Yes No

If yes, you must pre-register to find out which Special Needs Shelter.

Name: _____
Address: _____
Phone (Special Needs Shelter Registration): _____
Medical Supplies Needed: _____

7. Are my important documents properly secured? Yes No
8. Are my photographs, keepsakes and valuables properly secured? Yes No
9. What will I do with my pet(s)?
If I go: _____
If I stay: _____
10. What preventative measures will I take to safeguard my home?
- Window protection purchased? Yes No
 - Address clearly marked on house? Yes No
 - Hurricane-resistant garage door? Yes No
 - Roof reinforced? Yes No
 - Generator? Yes No
 - Identified safe-room: _____
 - Have I purchased Disaster Supply Kit? Yes No
11. Have we reviewed our insurance coverage? Yes No