



## ADULT FOSTER CARE EMERGENCY DISASTER PLAN

Provider Name:	
Address:	

*This is my plan if I am required to leave my home address due to a pandemic outbreak, natural disaster or catastrophic event.*

### If I need to evacuate, I would relocate to:

**FIRST CHOICE:** (Name of friend or family if relocating to a residence, address, phone number, alternate phone number, other contact information – e-mail, other)

**SECOND CHOICE:** *If I am not able to go to my first choice, I will be at:* (Name of friend or family if relocating to a residence, address, phone number, alternate phone number, other contact information e-mail, other)

Name:	
Address:	
City, State, Zip:	
Phone:	
Alternate Phone:	
E-Mail:	
Other means of contact:	

Name:	
Address:	
City, State, Zip:	
Phone:	
Alternate Phone:	
E-Mail:	
Other means of contact:	

Other means of contacting me:

Cell Phone:		Pager:	
E-mail Address:			

Contact information for person with whom I would be in touch with in case of an emergency:

Person whom agency could contact:  
(e.g. family member or friend, living outside of the immediate area)

Name:	
Address:	
City, State, Zip:	
Phone:	
Alternate Phone:	

Name:	
Address:	
City, State, Zip:	
Phone:	
Alternate Phone:	

**Critical items I am to take with me when we evacuate:**

- Agency contact information (e.g. agency emergency contact number)
- Adult’s medical information (e.g. prescriptions, recent medical reports, physician/s name and contact information, immunization history)
- Employment records
- Identifying information for the adult including citizenship information
- Court documents relating to guardianship of any adult placed in my home

I understand that I am required to check in with Wright County Human Services Agency in the event of a disaster. I can use the agency’s toll free emergency number of: 1-800-362-3667.

Should any of the information included in this plan change, I will update this form within 14 days of the change and provide the agency with an updated copy.

Signature:		Date:	
Printed Name:			