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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | DEVELOPMENTAL DISABILITIES ADMINISTRATION (DDA)  **Personal Emergency Plan Information** | | | | | | | | | |
| Use this form to develop a plan in case of an emergency. Complete the plan with family, friends, and caregivers to determine how you will contact each other, where you will meet, and what you will do in an emergency. **Keep a copy of this plan in an emergency supply kit or another safe place where you can get to it in case of an emergency.** Do not return this form to your case manager. | | | | | | | | | | |
| **Personal Contact Information** | | | | | | | | | | |
| YOUR NAME | | | | | | | PHONE NUMBER | | E-MAIL ADDRESS | |
| STREET ADDRESS | | | | | | | | NEAREST CROSS STREET | | |
| **Emergency Contact Information** | | | | | | | | | | |
| Name, phone number, and e-mail address of people to contact in an emergency. | | | | | | | | | | |
| LOCAL CONTACT NAME | | | | | | RELATIONSHIP | | | | |
| PHONE NUMBER | | | CELL PHONE NUMBER | | | | | E-MAIL ADDRESS | | |
| LOCAL CONTACT NAME | | | | | | RELATIONSHIP | | | | |
| PHONE NUMBER | | | CELL PHONE NUMBER | | | | | E-MAIL ADDRESS | | |
|  | | | | | | | | | | |
| OUT-OF-TOWN CONTACT NAME | | | | | | RELATIONSHIP | | | | |
| TELEPHONE NUMBER | | | CELL PHONE NUMBER | | | | | E-MAIL ADDRESS | | |
| **In the case of an emergency, who will check to see if you are okay?** | | | | | | | | | | |
| NAME | | | RELATIONSHIP | PHONE NUMBER | | | | E-MAIL ADDRESS | | |
| NAME | | | RELATIONSHIP | PHONE NUMBER | | | | E-MAIL ADDRESS | | |
| **Emergency Meeting Places** | | | | | | | | | | |
| Places you will meet family, friends, and caregivers in an emergency | | | | | | | | | | |
| EVACUATION LOCATIONS | | | | | | | | PHONE NUMBER | | |
| NEIGHBORHOOD MEETING PLACE | | | | | | | | PHONE NUMBER | | |
| REGIONAL MEETING PLACE | | | | | | | | PHONE NUMBER | | |
| **Important Medical Contact Information** | | | | | | | | | | |
| PRIMARY DOCTOR | | PHONE NUMBER | | | MEDICATION NAME | | | DOSE | | FREQUENCY |
|  | | |  | |  |
| PHARMACIST | | PHONE NUMBER | | |
| **Medical equipment you may need in an emergency:** | | | | |
| **What should people know about you or your home if they come to help you in an emergency?** | | | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| **Emergency Planning Tips**  **Get Ready**  People who develop a plan for emergencies increase their chance of surviving until help can arrive.  During an emergency you may be told by state and local officials to stay at home. Everyone should be ready to take care of themselves at home for at least three days. Your home may be your only shelter until help can arrive. This checklist can help you prepare yourself for an emergency.  Listen to updates from officials about whether you should stay at home or leave. A battery operated radio is the best way to receive updates from officials since power and phone services may not be working.  Don’t assume help will come. Make a personal emergency plan. If you will need support during an emergency, include the people who will help you in your plan. Check in with them regularly to make sure they are still available to assist you in an emergency.  Make sure your plan is kept up to date and that your emergency supplies do not expire. | | |
| **Assistance Programs**  Special assistance programs may be available to you in the event of an emergency. Ask your local fire department, police department, and emergency management office if they offer such programs. Register with your local utility company if you depend on electricity for medical equipment. | | |
| **Prepare for different types of emergencies**  When making your plan, consider different types of emergencies, such as a fire, earthquake, wind storm, or tsunami. Prepare an emergency supply kit that has adequate supplies and an emergency plan that has adequate supports. | | |
| **Emergency Supplies**  Consider storing the following items in a place where you can easily get to them during an emergency: | | |
| * A battery-operated radio and extra batteries * Personal hygiene items * Phone not needing electricity * Signaling device such as a whistle and mirror * Food: 3-day supply per person of packaged food that is easy to make. * A barbecue or camp stove and heavy-duty aluminum foil * Waterproof matches, candles, and fuel for cooking | * Flashlight and extra batteries * Sleeping bag and extra blankets * Comfort items * A can opener * Two-week supply of medications you take * Paper plates and plastic utensils * Copies of important papers (insurance information, ID etc.) * Multipurpose tool | * First aid kit * Cash (change & small bills) * Specialized foods * Water: 1 gallon per person per day for at least 3 days * Food and water for your animals or pets * Extra change of clothing, gloves, and sturdy shoes * Toys, books, puzzles, games * Medical supplies |