

Suggested Personal Disaster Plan

A Plan for WSC's, Persons in the Family Home, Persons in Supported Living, and other Staff and Caregivers
(Can be used for individuals living in licensed residential facilities)

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
- _____ Support Coordinator
- _____ Supported Living Coach
- _____ Personal Supports Provider
- _____ Other _____

For Tropical Events:

- In the case of a tropical event, always check local news for any evacuation information. To know your local evacuation zone, contact your local County Emergency Management Office: <https://www.floridadisaster.org/counties/>

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 gallon/day for each person in my home; water replaced every 6 months)
 - 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.

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- 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.
- I maintain at least a 3-day supply of my prescription medication at all times, 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 am dependent on the following special dietary supplies, durable medical equipment and/or consumable medical supplies:

- 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: _____
- 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 4**.
- Please see "Pets" on **page 5**.
- 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: _____

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- 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: _____
- 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: _____
- 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. My condition may warrant a caregiver to go with me to a Special Needs Shelter to care for me while I shelter there.

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- 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: _____

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: _____

"Go Kit"

- 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 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: _____

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Pets

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

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 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, terrorist attacks, etc. from this person:
Name: _____ Phone Number: _____
- 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: _____
or _____ within 2 hours or as soon as possible after an emergency has passed to report on my health/safety status and needs.

Consumer Signature/Date

Support Coordinator Signature/Date

Personal Supports Signature/Date

Personal Supports Signature/Date