

INDIVIDUALIZED EMERGENCY PLAN

NAME and HOME ADDRESS:

PERSONAL SUPPORT NETWORK:

Name	Relation (i.e. Family, Caregiver, Doctor, etc...)	Phone Number

COMMUNITY EMERGENCY RESOURCES:

Name (i.e. Police, Fire Department, Etc...)	Service (i.e. First Responder, Medical Device Supplier, etc...)	Phone Number

EMERGENCY PLAN

1. Emergencies most likely to affect my home:

2. Location of Emergency Kit:

3. Escape routes and supports needed:

4. Assembly areas and backup shelter if evacuated:

EMERGENCY KIT CHECKLIST *(use extra spaces below to add other items you will need in your Emergency Kit)*

Personal Protective Equipment	
First Aid Kit	
Emergency Plan and Emergency Contacts	
Medical Passport	
Medication	
Flashlight	
Water Bottle	
Backup Battery/ Charger for Cellphone	

OTHER INFORMATION NOT INCLUDED ABOVE: