

Children's Bureau, Inc.
RESOURCE HOME EMERGENCY DISASTER PLAN

Family Name: _____

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

***Please do not list Hotels as your choices.** Vacancy or facility damage is unpredictable during times of disaster.

First Choice: Name of friend/family or alternative location you are relocating to. *This choice should be near your current residence for local and minimal disasters (floods, storms, house fire, etc).*

FIRST CHOICE -CLOSER TO HOME

Name: _____
Address: _____
City,State,Zip: _____
Phone: _____
Alternative Phone: _____
Email: _____
Other Means of Contact: _____

Second Choice: If you are unable to utilize your first choice, provide the name of a secondary location (friend/family or alternative site) you will evacuate to. *This choice should be located further away from your home in case of a large scale catastrophe.*

SECOND CHOICE - FAR FROM HOME

Name: _____
Address: _____
City,State,Zip: _____
Phone: _____
Alternative Phone: _____
Email: _____
Other Means of Contact: _____

Other Means of contact: These should be sources available regardless of your location during evacuation.

Cell Phone: _____

Cell Phone: _____

Email Address: _____

Critical Items to take with you during an evacuation:

- *Agency contact Information (e.g. agency emergency contact number)
- *Children's medical information (e.g. prescriptions, recent medical reports, physician/s name and contact information, immunization history)
- *Educational Records
- *Identifying information for the child including citizenship information
- *Court order giving the agency custody of any children placed in your home

I understand that I am required to check in with Children's Bureau, Inc. in the event of a disaster. I can use Main Line/Answering Service @ (317)545-5281 or (317) _____ - _____.

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: _____