

# Personal Emergency Plan

For People with Access and Functional Needs

Emergency  
Contacts

Health  
Providers

Medication  
Information

Medical  
Devices

Go-Bag  
Checklist

Sheltering  
Checklist

Next  
Steps

Emergencies, including power shutoffs, can interrupt your normal routine and support systems. Planning ahead could increase the odds that your access and functional needs are met if you evacuate quickly or shelter in place. Taking responsibility by creating a disaster plan and to-go bag is the first step in maintaining your health and independence. All your information should be current and because it is personal keep it in a safe but handy place in your home.

Identify your capabilities now and what assistance you may need after a disaster by filling out this information sheet. Think in terms of everyday necessities but also your nique needs, which may include medications, assistive devices, service animals and support services. Skip those that do not pertain to you.

## Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
                    First                      Last                      Middle

Address: \_\_\_\_\_  
                    Street                      City                      State                      Zip

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Social Network Contact: \_\_\_\_\_

## Emergency Contacts

### 1) Someone who does not live with you

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
                    First                      Last                      Middle

### 2) Someone from out-of-state

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
                    First                      Last                      Middle

## Health Providers

### 1) Agency/Personal Care

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### 2) Evacuation/Transportation Support

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**3) Primary Physician**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**4) Pharmacy**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**5) Insurance**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**6) Allergies and Sensitives/Reactions**

**7) Dietary Restrictions**

**Medication Information**

**1) Please check one:**

- I take my own medication
- Someone gives medications to me

**2) List of current medications**

Medication	Dosage	Frequency	How taken?	Refrigerated?
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

## Medical Devices

### 1) Medical Devices/Assistive Technology Vendor

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### 2) Backup batteries/electricity needed?

- Yes
- No

### 3) Do you have low to no hearing?

- Yes
- No

If you answered yes, check all that apply:

- Wears a hearing aid
- Uses sign language
- Uses pictures
- Can read

### 4) Do you have low to no vision?

- Yes
- No

If you answered yes, check all that apply:

- I use brail for reading
- I wear eyeglasses
- I wear contact lenses

### 5) Do you have a service animal who must evacuate with you?

- Yes
- No

If you answered yes, my animal's name is \_\_\_\_\_

Veterinarian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### 6) I need help with:

### 7) To help calm me during an emergency:

### 8) Safety Precautions:

## Go-Bag Checklist

### Personal Items:

- Completed information sheet
- Extra clothing
- Cash
- Credit card
- Cell phone/charger
- Bottled water
- Snacks
- Comfort items
- Other

### Medical:

- Medications
- Pain reliever
- Antacid
- Catheters
- Tubing
- Syringes
- Inhaler
- Diabetes supplies
- Hearing aid batteries
- Mask
- Other

### Toiletries:

- Travel size shampoo/conditioner
- Soap

- Deodorant
- Tissues
- Toothbrush
- Toothpaste
- Denture solution
- Contact solution
- Contact case
- Extra eyeglasses and case
- Extra contacts
- Comb or brush
- Moist towelettes
- Hand sanitizer
- First aid kit
- Food and treats for service animal
- Play toys
- Waste disposal bags
- Bedding
- Extra leash or tie

### Copies of Important Documents:

- Birth certificate
- Photo ID
- Health insurance card
- Home/car insurance
- Guardianship papers
- Proof of address
- Bank account numbers

These are only suggested items. Please determine what meets your needs.

## Sheltering Checklist

### Essentials:

- Water supply (for 3 days)
- Nonperishable food (for 3 days)
- Water for sanitation
- Manual can opener
- Battery operated radio
- Battery operated flashlight
- Extra batteries
- Whistle

### Medical:

- Medication (for 7 days)
- Pain reliever
- Antacid
- Vitamins
- Laxative
- Medical supplies (for 7 days)

### Toiletries:

- Shampoo/conditioner
- Soap
- Deodorant
- Tissues
- Toothbrush
- Toothpaste
- Toilet paper

### Household Items:

- Paper towels
- Trash bags
- First aid kit
- Bleach
- Matches
- Candles
- Baby supplies
- Pet supplies

If you are storing these supplies, make sure they are in a sealed waterproof container, preferably placed high off the ground. Creating and maintaining these supplies may be too expensive. Determine what you will need to maintain your health. Work with your providers, family, friends or faith-based groups to help you create a shelter in place kit.

## Next Steps

Have an action plan with family, providers and vendors letting them know how they can support you should you need to evacuate or shelter in place. Have at least three different means of transportation if you do not have your own vehicle. Make sure all your identified support people know that they are in your plan. Consider giving a copy of your house key to one of your support people if you are comfortable with that. Contact local utilities companies if you are dependent on power for assistive devices. Learn how to shut off your utilities. Review your plan with your support system at least annually and keep all important information current.