

RESOURCE FAMILY EMERGENCY/DISASTER PLAN

Resource Family Name: _____

Address: _____

Cell phone: _____

Email Address: _____

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

If I need to evacuate, I would relocate to:

FIRST CHOICE:

Name: _____

Street Address: _____

City, State, Zip: _____

Landline Phone Number: _____

Cell Phone Number: _____

Email Address: _____

If you are unable to go to your first choice:

SECOND CHOICE:

Name: _____

Street Address: _____

City, State, Zip: _____

Landline Phone Number: _____

Cell Phone Number: _____

Email Address: _____