

Emergency Preparedness Plan

Client's Name:	County of Residence:
Case Manager(s):	and Case Manager(s) Phone #:

A. MEDICAL	
1.	In case of medical emergency, call 911 or dial "0" for operator assistance.
2.	In case of non-medical emergency:
c.	Doctor: Telephone #:
a.	Ambulance: Telephone #:
b.	Hospital: Telephone #:
d.	Caregiver: Telephone #:

B. FIRE	
1.	Leave home as soon as smoke is detected.
2.	Ask neighbor to call 911 or Fire Department:
3.	Client has working smoke detector: <input type="radio"/> Yes <input type="radio"/> No - If no, note action taken below:
4.	Fire Department notified of bed-bound client's location: <input type="radio"/> Yes <input type="radio"/> No - If no, note action taken below:

C. TORNADO, FLASH FLOOD, OR OTHER NATURAL DISASTERS	
1.	Listen to the radio or television and follow all Civil Defense instructions.
2.	Keep phone lines free for emergency use.
3.	Have emergency supplies available.
4.	Call 911 if assistance is needed.

D. HURRICANE	
Client will evacuate:	
<input type="radio"/> Yes	Name, Telephone, and Address of evacuation location:
<input type="radio"/> No	Civil Defense notified on (Date): By (CM):

E. UTILITY NEEDS	
1.	Electric Company:
	Client is dependent on electricity: <input type="radio"/> Yes <input type="radio"/> No
	If yes, electric company notified on: By (CM):
	Note:
2.	Gas Company:
	Natural Gas: <input type="radio"/> Yes <input type="radio"/> No

F. PHYSICAL STATUS	
1.	Client is bed-bound: <input type="radio"/> Yes If yes, client has a 24 hour caregiver: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No If no, note disaster plan:
2.	Client is on second or higher floor: <input type="radio"/> Yes If yes, client has been instructed on how to evacuate if needed: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No
3.	Client is Oxygen dependent: <input type="radio"/> Yes If yes, portable tanks are available: <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> No If no, list actions that will be taken:

G. OTHER IMPORTANT PHONE NUMBERS	
1.	Police: _____ Sheriff: _____
2.	Civil Defense: _____
3.	Neighbor: _____
4.	Case Manager(s): _____ and _____ Phone #: _____

H. OTHER ASSISTIVE DEVICES	
1.	Lifeline or similar devices: _____
2.	Alarm System: _____
3.	Other: _____

Client/Caregiver certifies by signing this form that this emergency preparedness plan has been reviewed and explained by the Case Manager(s).	
Client/Caregiver Signature: _____	Date Signed: _____

1st Case Manager's Name: _____	
1st Case Manager's Signature: _____	Date Signed: _____
2nd Case Manager's Name: _____	
2nd Case Manager's Signature: _____	Date Signed: _____