

EMERGENCY PLAN

FOR: _____

DATE: _____

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP CODE: _____

COUNTY: _____

EMAIL ADDRESS: _____

HOME PHONE: _____

CELL PHONE: _____

TTY: YES NO

TTY NUMBER: _____

NEAREST CROSS STREET TO HOME: _____

NAME OF EMERGENCY CONTACT: _____

PHONE NUMBER: _____

DO YOU LIVE ALONE: YES NO

LIST NAMES OF THOSE LIVING WITH YOU: _____

DO YOU DRIVE: YES NO

TYPE OF VEHICLE: _____

LICENSE PLATE OF VEHICLE: _____

WILL YOU NEED TRANSPORTATION: BEFORE AFTER

TYPE OF DWELLING: CONDO APARTMENT SINGLE RESIDENCE
DUPLEX MOBILE HOME OTHER _____

IF IN A CONDO OR APARTMENT, WHAT FLOOR: _____

DO YOU HAVE SHUTTERS: YES NO

DO YOU HAVE AN ADVANCED DIRECTIVE: YES NO

ANY FURTHER COMMENTS:

