



Disaster Preparedness Plan For Substitute Care Givers

Date: _____

Name(s): _____

Address: _____

Phone: _____ (Home) _____ (Work Husband)

_____ (Cell) _____ (Work Wife)

Your Evacuation Zone: _____

Where would you go in the event of an emergency? Please answer questions below:

1. Would you go to a shelter: ___ Yes ___ No

If yes, name: _____

Address: _____

Phone: _____

2. Would you go to the home of friend/relative? ___ Yes ___ No

If yes, name: _____

Address: _____

Phone: _____

3. Other location (example: vacation home)? ___ Yes ___ No

If yes, name: _____

Address: _____

Phone: _____

If you could not go to your first choice, either a shelter, relative, or friend, what is your second choice or back-up plan? Please explain and provide name, address, and phone number.
