

Personal Emergency Planning for People with Access and Functional Needs

Disasters can interrupt your normal routine and support systems. Planning ahead could increase the odds that your access and functional needs will be 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 unique needs which may include medications, assistive devices, service animals and support services. Skip those that don't pertain to you.

Name: _____ Date of Birth _____

Address: _____

Phone: _____ Cell: _____

Social Network Contact: _____

Emergency contact - name and phone number of person that does not live with you: _____

Emergency contact out of State - name and phone number: _____

Agency/Personal Care Attendant name and phone number: _____

Evacuation/transportation support name and phone number: _____

Primary Physician name, phone number and fax: _____

Pharmacy name, phone number and fax: _____

Insurance name, phone number and contact information: _____

Allergies and Sensitivities/Reactions: _____

Dietary Restrictions:

Check: Medications are taken by me ____ Medications are given to me by someone else ____

List of current medications - include dosage, frequency and how taken. Check those that need refrigeration. Copy form if addition space is needed.

Medical Devices/Assistive technology vendor name and phone number:

Backup batteries/electricity needed?

Daily living equipment vendor and phone number:

Backup batteries/electricity needed?

I have low to no hearing. I use sign language _____ can read _____ use pictures _____

I have low to no vision. I use Braille for reading _____

I wear eyeglasses _____ contact lenses _____ hearing aids _____ dentures _____

I have a service animal named _____ who must evacuate with me.

Veterinarian name, phone number and fax:

I need help with:

To help calm me during an emergency:

Safety Precautions:

Go-bag Checklist: suggested items, determine what meets your needs.

Completed information sheet _____ bottled water _____ snacks _____ comfort items _____
medications _____ other medications: pain reliever _____ antacid _____ other _____
personal items: travel size shampoo/rinse _____ soap _____ deodorant _____ tissues _____
toothbrush _____ toothpaste _____ denture solution _____ contact solution _____ contact
case _____ extra eyeglasses and case _____ extra contacts _____ hearing aid batteries _____
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 _____ medical supplies: catheters _____ tubing _____ syringes _____ inhaler _____ diabetes
supplies _____ mask _____ other _____ extra set of clothing/underwear _____ cash _____ credit
card _____ cell phone/charger _____ copies of important documents: birth
certificate _____ photo id _____ health insurance card _____ home/car insurance _____ guardianship
papers _____ proof of address _____ bank account numbers _____

Consider a water proof go-bag and that it is light enough for you to grab as you evacuate.

Sheltering in Place Checklist: suggested items if you cannot leave home for a few days.

3 day supply of water____3 day supply of nonperishable ready to eat food____
water for sanitation____manual can opener____7 day supply of medication____other
medications____pain reliever____antacid____vitamins____laxative____other____7 day supply
of medical supplies____battery operated radio____extra batteries____battery operated
flashlights____extra batteries____whistle____personal hygiene items____
shampoo/conditioner____soap____toothpaste____deodorant____toilet paper____paper
towels____trash bags____blankets____first aid kit____bleach____matches____candles____
baby supplies____pet supplies____

If you are storing these supplies make sure they are in a sealed water proof 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 don't 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.

