

Household Emergency Plan

Home address:	
Home Phone:	Number of people in household:

Individual profile¹

Full name:		
Date of birth:		Cell phone:
Alternate locations (places time is spent away from the home)	Name/address:	
	Phone:	
	People who can provide help in an emergency ³ :	
	Name/address:	
	Phone:	
	People who can provide help in an emergency:	
Health insurance:		Phone:
		Policy Number:
Medication name		Dosage and frequency
Allergies:		
Medical/behavioral conditions:		
Medical or other equipment:		
Do you have a service animal? <input type="checkbox"/> Yes		Rabies vaccine ID:
Name:		Expiration date:
Access/functional needs:		Accommodations needed ⁴ (communication, functional, dietary)
<input type="checkbox"/> Unable to hear/difficulty hearing <input type="checkbox"/> Unable to see/difficulty seeing <input type="checkbox"/> Unable to walk/difficulty walking <input type="checkbox"/> Unable to speak/difficulty speaking <input type="checkbox"/> Difficulty understanding written instructions <input type="checkbox"/> Difficulty understanding spoken instructions <input type="checkbox"/> Difficulty performing activities of daily living		

Print copies of this page for additional household members.

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Emergency contact name ⁵	Address	Phone number

Neighbors who can help in case of an emergency⁶

Emergency meeting places

	Near home	Out of town
Name of location		
Address		

Insurance company name⁷ Phone number Policy Type Policy Number

Insurance company name ⁷	Phone number	Policy Type	Policy Number

Vital phone numbers⁸

Pet Type/name Rabies vaccine ID Expiration date

Pet Type/name	Rabies vaccine ID	Expiration date

Vehicle type Make/Model State/License plate

Vehicle type	Make/Model	State/License plate

Additional information:

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Household Emergency Plan

Recommended storage places for this document⁹

- | | |
|---|--|
| <input type="checkbox"/> Home (sealed in a freezer) | <input type="checkbox"/> Computer/tablet |
| <input type="checkbox"/> Car | <input type="checkbox"/> Cell phone |
| <input type="checkbox"/> Work/school | <input type="checkbox"/> Cloud or email |
| <input type="checkbox"/> Purse/bag/backpack | <input type="checkbox"/> USB flash drive |

Notes

1. Every household member should have an individual profile completed. Print a copy of the first page for each person that lives in the home.
2. “Alternate location” is any place this person spends time outside of the home such as work or school.
3. If needed, include the names of people who know how to provide assistance to you during an emergency at the alternate location. These people should know they are listed in your plan.
4. Describe what assistance or accommodations this person will need in an emergency. Include personal health, disability, behavioral, communication (including language) and/or dietary needs.
5. Emergency contacts should know they are listed in your plan.
6. List trusted neighbors to help if someone in your household requires assistance during an emergency. Neighbors should be aware they are listed in your plan.
7. Include contact information for additional insurance providers such as home owners, renters, flood, vehicle or other.
8. List people or places you would like to have contact information for such as a pharmacy, pediatrician, mental health provider, medical home or other.
9. Once complete, each member of the household should have multiple copies to keep in these locations. All people listed in this document should discuss and agree upon the information.