

Personal Support Network

Who are the people I can depend on in the event of a disaster?

1. Name of Contact _____
Phone number(s) _____

I have made arrangements with this person to check on me immediately if a disaster occurs. **Yes** **No** _____

I have supplied this person with my:

- Emergency information list**
- Medical information**
- Disability related supplies**
- Evacuation Plan**

I have provided this contact person keys to my home. Yes No

If phone lines are down, we will contact each other by:

2. Name of Contact _____
Phone number(s) _____

I have made arrangements with this person to check on me immediately if a disaster occurs. **Yes** **No** _____

I have supplied this person with my:

- Emergency information list**
- Medical information**
- Disability related supplies**
- Evacuation Plan**

I have provided this contact person keys to my home. Yes No

If phone lines are down, we will contact each other by:

3. Name of Contact _____
Phone number(s) _____

I have made arrangements with this person to check on me immediately if a disaster occurs. **Yes No** _____

I have supplied this person with my:

- Emergency information list**
- Medical information**
- Disability related supplies**
- Evacuation Plan**

I have provided this contact person keys to my home. Yes No

If phone lines are down, we will contact each other by:

4. Out of State Contact _____
Phone number(s) _____

I have made arrangements with this person to check on me immediately if a disaster occurs. **Yes No** _____

I have supplied this person with my:

- Emergency information list**
- Medical information**
- Disability related supplies**
- Evacuation Plan**

I have provided this contact person keys to my home. Yes No

If phone lines are down, we will contact each other by:

