

Emergency Plan

I. Demographics:			
Participant name:		DOB:	
Physical Address:		Mailing Address:	
Street:		Street:	
City:	Zip Code:	City:	Zip Code:
Parish:		Phone #(s):	
Emergency Contact Name:		Emergency Contact Phone #:	
Physician's Name:		Physician's Phone #:	
II. Planned Mandatory Evacuation Place (i.e. hurricanes, floods, etc.): (Must select one)			
<input type="checkbox"/> A. Home of family or friend (List name, relationship & address)			
Name of Family Member/Friend	Relationship	Address	Contact Phone #(s)
<input type="checkbox"/> B. Medical Special Needs Shelter (MSNS): (Describe medical condition requiring MSNS care.) _____			

<input type="checkbox"/> C. General Emergency Shelter: _____			
<input type="checkbox"/> D. Other: (Describe place) _____			

III. Transportation: (Must select one of the options below, and complete the transportation contact information.)			
<input type="checkbox"/> A. Family or other natural support will provide transportation to the evacuation place. (List at least 1, preferably 2 or more names of persons responsible for your transportation in an emergency and their emergency contact phone numbers).			
Name of Family Member(s) or Natural Support(s)		Contact Phone #(s)	

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- B. Direct Service Provider (DSP) agrees to provide transportation to the evacuation place and remain with participant until support arrives. (If natural support does not arrive as planned, the Direct Service Worker (DSW) will contact the Support Coordinator and the OAAS Regional Office (RO) and stay with the participant until help arrives).**

Name of DSP	DSP Contact Phone #(s)

- C. Alternate:** (If plan depends on any other form of transportation, e.g., ambulance transportation, local emergency transportation; describe arrangements that have been made in the event that alternate transportation is required: _____)

Name of Alternate Transportation Agency/Service	Alternate Transportation Agency/Service Phone #(s)

IV. Personal Care Support: (Must select one)

- A. Participant can take care of self during an emergency.**
- B. Family/natural (unpaid) support agrees to provide all necessary assistance during an emergency and will be responsible for support needs.**

Name of Family Member(s)/Natural Support(s)	Relationship	Emergency Contact Phone #(s)

- C. DSP agrees to continue to provide a DSW to assist during an evacuation. DSP will ensure that a DSW will be available for the full number of units he/she is authorized to receive, and participant can remain alone safely during the times when paid supports are unavailable.**

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Name of DSP	Emergency Contact Phone #(s)

D. DSP agrees to continue to provide a DSW to assist during an evacuation. DSP will ensure that a DSW will be available for the full number of units he/she is authorized to receive, AND Family/Natural Supports will care for participant when the DSW leaves his/her shift(s).

Name of DSP Agency	Emergency Contact Phone #(s)

Name of Family Member(s)/Natural Support(s)	Relationship	Emergency Contact Phone #(s)

V. Planned Support Coordinator (SC) Responsibility: (Select any that apply)

- A. SC will locate & inform participant of the location of an open Medical Special Needs Shelter (MSNS) or General Emergency Shelter during a disaster, if listed as evacuation place.**
- B. Other planned SC assistance:** (Describe) _____

VI. Who will ensure that medication, medical supplies, equipment, and Plan of Care are labeled & sent with participant to an evacuation site?
(Must select one)

- A. Family, friend or unpaid support (s)**

 B. Direct Service Provider (DSP)

 C. Participant

VII. Durable Medical Equipment (DME) needed for evacuation & at evacuation site:

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VIII. Participant has a pet? Yes No **NOTE: Due to health purposes, shelters are unable to transport or board pets.**
If yes, pet will be evacuated with: _____

IX. Other Emergency Events:

In the event of a fire, participant will move to the point of safety which is (list below designated place to meet outside of the home): _____

If a tornado warning is issued, participant will evacuate to a designated point of safety within the home such as
 Hallway Bathroom Closet Basement Other: _____

During an emergency, if problems arise with this Emergency Plan, the SC will assist the participant in finding alternate plans, and if necessary, contact the OAAS Regional Office (RO) and local Emergency Preparedness Office.

X. Signatures: Individuals below agree to this Emergency Plan. Everyone who is responsible in this Emergency Plan must sign below or give verbal agreement.

Participant/Responsible Representative Signature:		Date:
Natural Support Name & Signature: OR	<input type="checkbox"/> Obtained Verbal Agreement	Date:
Natural Support Name & Signature: OR	<input type="checkbox"/> Obtained Verbal Agreement	Date:
Natural Support Name & Signature: OR	<input type="checkbox"/> Obtained Verbal Agreement	Date:
Natural Support Name & Signature: OR	<input type="checkbox"/> Obtained Verbal Agreement	Date:
DSP Representative Name & Signature: OR	<input type="checkbox"/> Obtained Verbal Agreement	Date:
SC Signature:		Date: