

MANITOWOC COUNTY HUMAN SERVICES DEPARTMENT
FOSTER CARE PROGRAM
RESOURCE FAMILY EMERGENCY PREPAREDNESS PLAN

Foster Family Name: _____
Address of Foster Home: _____

This document contains my plans if I am required to leave my home address due to a natural disaster or catastrophic event.

If I need to evacuate my home, I would relocate to:

FIRST CHOICE: (name of friend or family if relocating to a residence)

Name: _____ Relationship: _____

Address: _____

Phone No: _____ Email: _____

If I am not able to go there, my **SECOND CHOICE** would be:

Name: _____ Relationship: _____

Address: _____

Phone No: _____ Email: _____

Other means of contacting me:

Cell phone number(s): _____

Email address: _____

Contact information for person with whom I would be in touch in case of an emergency and who the agency could contact if necessary: (E.g., family member or friend, living outside of immediate area)

I understand that there are critical items I am urged to take with me when we evacuate. These include:

- Agency contact information (e.g. agency emergency contact number)
- My children's medical information (e.g. prescriptions, recent medical reports, physician's name and contact information, immunization history, MA Card, Medical Services Consent Form)
- Educational records
- Identifying information for the child including citizenship information
- Court order giving the agency custody of any children in my home at the time of the event

I understand that I am required to check in with the Manitowoc County Human Services Department. I can use this toll free number: **1-888-552-6642**

I understand that should any of the information included in this plan change that I am to update the form **within 14 days of the change** and provide the agency with the update.

Signed _____ Print Name _____ Date _____

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