



Family Emergency Plan



Your family may not be together when disaster strikes, so plan what you will do in different situations and practice your plan.

Family Evacuation Procedure

Where the family will meet near home: _____ Phone (if any): _____

Alternate meeting place if access is blocked: _____ Phone (if any): _____

Family Communications Procedure

- Fill in the information below. Add other important information to suit your family's circumstances.
- Keep this plan with your emergency supplies kit, along with your command's standard and emergency reporting procedures.
- Make sure every family member has the most important contact information for each other.

Where the Family Spends Time

Work: Address: _____	Work: Address: _____	School: Address: _____
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Phone: _____	Phone: _____	Phone: _____
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Evacuation Location: _____	Evacuation Location: _____	Evacuation Location: _____
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School: Address: _____	Other: Address: _____	Other: Address: _____
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Phone: _____	Phone: _____	Phone: _____
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Evacuation Location: _____	Evacuation Location: _____	Evacuation Location: _____
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Contact Information

Out-of-Town Contact: _____ Phone: _____

E-Mail: _____ Alternate Phone Number: _____

Family Members

Name: _____ Birth Date: _____ Social Security #: _____ Drivers License #: _____

Passport #: _____ Prescriptions/Medical Information: _____

Name: _____ Birth Date: _____ Social Security #: _____ Drivers License #: _____

Passport #: _____ Prescriptions/Medical Information: _____

Name: _____ Birth Date: _____ Social Security #: _____ Drivers License #: _____

Passport #: _____ Prescriptions/Medical Information: _____



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Family Members (continued)

Name: _____ Birth Date: _____ Social Security #: _____ Drivers License #: _____

Passport #: _____ Prescriptions/Medical Information: _____

Name: _____ Birth Date: _____ Social Security #: _____ Drivers License #: _____

Passport #: _____ Prescriptions/Medical Information: _____

Name: _____ Birth Date: _____ Social Security #: _____ Drivers License #: _____

Passport #: _____ Prescriptions/Medical Information: _____

Name: _____ Birth Date: _____ Social Security #: _____ Drivers License #: _____

Passport #: _____ Prescriptions/Medical Information: _____

Local Command Information

Insurance Policy Numbers and Contacts

Medical/Dental: _____ Homeowners/Renters: _____

Automobile: _____ Life: _____

Provisions for Utilities

In various emergency situations, whether you evacuate or shelter-in-place, you may be advised to cut off ventilation systems or utilities. Write the locations of, and instructions for, these controls and any tools necessary to change them. (Like fire and evacuation plans, this is a good thing to review and practice with the whole family.)

Electricity: _____ Gas: _____

Water: _____ Ventilation: _____

Important Records

Use these checklists to help collect important papers to keep with your emergency supplies kit for ready access in case of evacuation.

Personal

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Military ID cards | <input type="checkbox"/> Social Security cards | <input type="checkbox"/> Citizenship papers | <input type="checkbox"/> Vehicle registration/ownership records |
| <input type="checkbox"/> Birth certificates | <input type="checkbox"/> Passports | <input type="checkbox"/> Medical records | <input type="checkbox"/> Marriage licenses, divorce records |
| <input type="checkbox"/> Wills | <input type="checkbox"/> Power(s) of attorney (personal/property) | | |

Financial

- | | | |
|---|---|--|
| <input type="checkbox"/> Bank/credit union statements | <input type="checkbox"/> Bills (electricity, gas, water) | <input type="checkbox"/> Tax returns, property tax statements |
| <input type="checkbox"/> Credit/debit card statements | <input type="checkbox"/> Health insurance cards and records | <input type="checkbox"/> Investment/retirement account records |
| <input type="checkbox"/> Mortgage statement or lease | <input type="checkbox"/> Other insurance records (auto/property/life) | <input type="checkbox"/> Income records (including government benefits, child support and alimony) |

Accountability Reporting Information

Army Disaster Personnel Accountability and Assessment System (ADPAAS) Website:

<https://adpaas.army.mil>

Army Info Hotline: 1-800-833-6622

Army OneSource

Within CONUS: 1-800-464-8107

Outside CONUS: Collect (484) 530-5980 / Toll Free (800) 3429-6477

Website: <http://aos.myarmylifetoo.com>

Hearing Impaired Callers & TTY/TTD:

1-800-364-9188

Military OneSource

Within CONUS (24/7): 1-800-342-9647

Website: <http://www.militaryonesource.com>

Spanish Speaking Callers:

1-888-732-9020 / 1-877-888-0727 / 1-877-255-7524

