

# Client Annual Hurricane & Disaster Planning Form

Year \_\_\_\_\_

Client Info: \_\_\_\_\_  
Name Address Phone

Primary Contact: \_\_\_\_\_  
Name Address Phone

Priority Level:  I  II  III  
 Evacuation Zone:  Yes  No  
 Client will evacuate home?  Yes, See Plan A  No, See Plan B

Residence Type:  
 House  Condo  Apt.  Mobile Home  
 ALF/SNF, Evacuation Plan Reviewed?  Yes  No

## Plan A: Evacuation Plan

1.  Special Needs Shelter Registered  Yes  No

Shelter Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

2.  Hospital  SNF  ALF

Facility Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

3.  Family Member

Family Member Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

4.  Friend

Friend Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

5.  Other

Other \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Transportation To Shelter:

- Drive Car
- Walk
- Special County Van, Registered
- Special County Van, Unregistered
- Wheelchair Van/Ambulance
- Family \_\_\_\_\_
- Friend \_\_\_\_\_
- Mass Transit
- Refusal, Unable to plan

Plan for Pet(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

Limitations of the shelter have been explained to client and it is understood that the limitations, services and conditions of the shelter will not equal what they receive at home and may be stressful or inadequate for their needs and that it is an option of last resort.

## Plan B: Non-Evacuation Plan

Client will stay home with: \_\_\_\_\_  
Relation to Client (Daughter, Son) Name Address Phone

Home will be secured by: \_\_\_\_\_  
Relation to Client (Daughter, Son) Name Address Phone

Hurricane supplies will be purchased by: \_\_\_\_\_  
Relation to Client Name Address Phone

Home will be secured with:  Shutters  Awnings  Plywood Other \_\_\_\_\_

**I have been informed of the home health agency's procedures during and immediately following an emergency and the special needs registry maintained by my county Emergency Management office. The above emergency plan reflects my plan that I will implement in the event of an emergency.**

**Client Signature:** \_\_\_\_\_ **Completed by:** \_\_\_\_\_  
Name Date Name Date

**\* If client refuses to cooperate with plans or does not have the capacity to plan; next of kin needs to sign form-acknowledging plan. Next of Kin Signature: \_\_\_\_\_ Date \_\_\_\_\_**