



# Family Emergency Plan



Your family may not be together when disaster strikes, so plan what you will do in different situations and plan how you will contact one another.

## Family Evacuation Procedure

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

Alternate meeting place if access to home 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

<b>Work:</b> Address: _____	<b>Work:</b> Address: _____	<b>School:</b> Address: _____
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Phone: _____	Phone: _____	Phone: _____
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Evacuation Location: _____	Evacuation Location: _____	Evacuation Location: _____
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<b>School:</b> Address: _____	<b>Other:</b> Address: _____	<b>Other:</b> 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: \_\_\_\_\_

## 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) Web site:** <https://adpaas.army.mil>

**Army Info Hotline:** 1-800-833-6622

### Army One Source

Within CONUS: 1-800-464-8107  
Outside CONUS (Collect) (484) 530-5980  
(Toll-Free) (800) 3429-6477  
Hearing impaired callers: 1-800-364-9188  
Spanish speaking callers:  
1-888-732-9020 / 1-877-888-0727 / 1-877-255-7524  
Web site address: <http://www4.army.mil>

### Military OneSource

Within CONUS (24/7): 1-800-342-9647  
TTY/TTD: 1-800-346-9188  
Spanish-speaking callers:  
1-888-732-9020 / 1-877-888-0727 / 1-877-255-7524  
Web site address: <http://www.militaryonesource.com>

