

Adult Foster Care  
**Disaster Plan**

Family Name \_\_\_\_\_ Date \_\_\_\_\_

**Instructions:** Create a disaster plan for the family in case of emergency or in the event that the family needs to leave their home due to a natural disaster or catastrophic event. This form is completed by the family during the initial process and renewed as part of an update.

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

First choice:

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Email Address \_\_\_\_\_

Second choice:

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Email Address \_\_\_\_\_

**Other means of contacting our family:**

Cell Phone # _____	Email Address _____
Cell Phone # _____	Email Address _____
Cell Phone # _____	Email Address _____
Cell Phone # _____	Email Address _____

**Contact person:** Contact information for the person with whom I would be in touch with in case of an emergency, **and who the agency contact would be**, if necessary:

Name \_\_\_\_\_ Home Phone # \_\_\_\_\_  
Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
Email Address \_\_\_\_\_

I understand that:

- There are critical items I am urged to take along when evacuating. These include:
  - Agency contact information
  - Adult's medical information
  - Identifying information for an adult
- In an emergency, I am required to check in with \_\_\_\_\_ **Washington County** and can use this phone number to do so: \_\_\_\_\_ **651-430-6455 or licensor** .
- Should any information included in this plan change, I am to update the form within 14 days of the change and provide the agency with an update.

Applicant Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Attention. If you want free help translating this information, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاسأل مساعدك في مكتب الخدمة الاجتماعية أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿងរបស់អ្នក ឬ ទូរស័ព្ទទៅលេខ 1-888-468-3787 ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no rau koj dawb, nug koj tus neeg lis dej num (worker) lossis hu 1-888-486-8377.

ໂປຼດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປຂໍ້ຄວາມດັ່ງກ່າວນີ້ຟຣີ, ຈົ່ງຖາມນາຍພັກງານຊ່ວຍວຽກຂອງທ່ານຫຼືໂທລໍຫາຕາມເລກໂທລໍ 1-888-487-8251.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, hojjataa kee gaafaddhu ykn lakkoofsa kana bilbili 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в переводе этой информации, обратитесь к своему социальному работнику или позвоните по следующему телефону: 1-888-562-5877.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, weydii hawl-wadeenkaaga ama wac lambarkan 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para traducir esta información, consulte a su trabajador o llame al 1-888-428-3438.

Chú Ý. Nếu quý vị cần dịch thông-tin này miễn phí, xin gọi nhân-viên xã-hội của quý vị hoặc gọi số 1-888-554-8759.

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This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.