

Apendice C:



Homeland Security

Family Communications Plan

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

Out-of-State Contact Name: _____ Telephone Number: _____
 Email: _____ Telephone Number: _____

Fill out the following information for each family member and keep it up to date.

Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____
Name: _____	Social Security Number: _____
Date of Birth: _____	Important Medical Information: _____

Where to go in an emergency. Write down where your family spends the most time: work, school, and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans.

Home Address: _____ Phone Number: _____ Neighborhood Meeting Place: _____ Regional Meeting Place: _____	Work Address: _____ Phone Number: _____ Evacuation Location: _____
School Address: _____ Phone Number: _____ Evacuation Location: _____	Work Address: _____ Phone Number: _____ Evacuation Location: _____
School Address: _____ Phone Number: _____ Evacuation Location: _____	Other place you frequent: Address: _____ Phone Number: _____ Evacuation Location: _____
School Address: _____ Phone Number: _____ Evacuation Location: _____	Other place you frequent: Address: _____ Phone Number: _____ Evacuation Location: _____

Important Information	Name	Telephone #	Policy #
Declares			
Other			
Insurance:			
Medical Insurance			
Homeowner's/Health Insurance			
Veterinarian/Kennel (for pets)			

Other useful phone numbers: **9-1-1** for emergencies. Police: Non-Emergency Phone # _____

Every family member should carry a copy of this important information:

Other Important Phone Numbers & Information

Family Communications Plan

Contact Name: _____
Telephone: _____

Out-of-State Contact Name: _____
Telephone: _____

Neighborhood Meeting Place: _____
Meeting Place Telephone: _____

Dial 9-1-1 for Emergencies!

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Other Important Phone Numbers & Information



Family Communications Plan

Contact Name: _____
Telephone: _____

Out-of-State Contact Name: _____
Telephone: _____

Neighborhood Meeting Place: _____
Meeting Place Telephone: _____

Dial 9-1-1 for Emergencies!



Other Important Phone Numbers & Information

Family Communications Plan

Contact Name: _____
Telephone: _____

Out-of-State Contact Name: _____
Telephone: _____

Neighborhood Meeting Place: _____
Meeting Place Telephone: _____

Dial 9-1-1 for Emergencies!

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Other Important Phone Numbers & Information

Family Communications Plan

Contact Name: _____
Telephone: _____

Out-of-State Contact Name: _____
Telephone: _____

Neighborhood Meeting Place: _____
Meeting Place Telephone: _____

Dial 9-1-1 for Emergencies!

