

***THIS DOCUMENT  
CONTAINS PERSONAL INFORMATION  
SAFE GUARD IT***

**DISASTER PREPAREDNESS CHECKLIST  
FOR INDIVIDUALS WITH SPECIAL NEEDS**

1. This checklist is for use by individuals who may have unique needs that must be addressed prior to a disaster. Information in it is personal in nature and may not be shared without the express permission of the citizen by whom, or on whose behalf, it was completed.
2. Retain this information in a safe place for reference/use in the event of a disaster. It may be placed in a “to go bag” to ensure its availability in the event you need to be relocated from your place of employment or home.
3. This checklist may be completed by you, your caregiver or someone upon whom you rely for personal assistance or safety.
4. Complete only those sections of the form that apply to you or your unique circumstances.
5. In areas of the checklist where you check that the activity is “to be done”, consider the steps necessary to prepare for your needs and response in the event of a disaster.
6. A cover sheet has been included which allows you to record general information about yourself. It is suggested that you keep a copy of this form and share a copy with that person or agency that provides you with assistance or support on a routine basis. You may also choose to register, in advance, with your county Department of Health/Human Services noting your need for special assistance in the event of a disaster.
7. You are strongly encouraged to develop a personal disaster response plan and provide specific personal instructions for those upon whom you may rely for support.
8. Once you have created your personal plan, practice it. Involve others who assist you including personal care givers or agencies with whom you work. The purpose of this practice is to determine if your plan will work in the event it is needed.

-----  
SIGNATURE

-----  
DATE PREPARED

**INDIVIDUAL PREPAREDNESS CHECKLIST:  
CITIZENS WITH SPECIAL NEEDS**

**Emergency Information**

**NOTE: The information you provide on this document is for your use or your caregiver’s use. You should keep a copy with you in your emergency kit or “go bag.” The decision is up to you whether or not to share this information with emergency workers in order to help them serve you better in the event of an emergency or disaster.**

|   |             |                   |                    |
|---|-------------|-------------------|--------------------|
| <b>Emergency Information</b>                  | Date:       | Updated:          | Updated:           |
| <b>Name:</b>                                  |             |                   |                    |
| <b>Address:</b>                               |             | <b>City:</b>      | <b>State: Zip:</b> |
| <b>CONTACT METHOD</b>                         | <b>HOME</b> | <b>WORK/OTHER</b> |                    |
| Phone:  |             |                   |                    |
| Cell:   |             |                   |                    |
| Fax:  |             |                   |                    |
| E-mail:                                       |             |                   |                    |
| Birth date:                                   |             | Blood type:       |                    |
| Insurance/Health Plan:                        |             | Individual #:     | Group #:           |
| <b>Emergency Contact Name:</b>                |             |                   |                    |
| <b>Address:</b>                               |             | <b>City:</b>      | <b>State: Zip:</b> |
| <b>CONTACT METHOD</b>                         | <b>HOME</b> | <b>WORK/OTHER</b> |                    |
| Phone:  |             |                   |                    |
| Cell:   |             |                   |                    |
| Fax:  |             |                   |                    |
| E-mail:                                       |             |                   |                    |
| <b>Nearest Neighbor, Friend, or Relative:</b> |             |                   |                    |
| <b>Name:</b>                                  |             |                   |                    |
| Address:                                      |             | City:             | State: Zip:        |
| Daytime phone:                                |             | Evening Phone:    | Cell:              |
| <b>Out-of-Area Friend or Relative:</b>        |             |                   |                    |
| <b>Name:</b>                                  |             |                   |                    |
| Address:                                      |             | City:             | State: Zip:        |
| Daytime phone:                                |             | Evening Phone:    | Cell:              |
| <b>PHYSICIAN:</b>                             |             |                   |                    |
| Address:                                      |             |                   |                    |
| City:   |             | State:            | Zip:               |
| Phone:  |             | Fax:              | E-mail:            |
|   |             |                   |                    |

**Disability/Conditions:**

**Medication(s): (State special instructions on back of this page.)**

**Allergies:**

| <b>Immunizations</b> | <b>Dates</b> | <b>Immunizations</b> | <b>Dates</b> |
|----------------------|--------------|----------------------|--------------|
| Adult Client/Parent: |              | Child Name:          |              |
|                      |              |                      |              |
|                      |              |                      |              |
|                      |              | Child Name:          |              |
|                      |              |                      |              |
|                      |              |                      |              |

Communication/Devices/Equipment/Other:

**Family Veterinarian:**

Name:

Phone:

**Utilities:**

Electric Company:

Gas Company:

Water Company:

Telephone Company:

| <b>Section 1:<br/>INDIVIDUAL</b> | <b>COMMUNICATIONS</b>  | <b>Done</b> | <b>To Be<br/>Done</b> | <b>Date<br/>Done</b> | <b>Person<br/>Who is<br/>To Do It</b> |
|----------------------------------|--|-------------|-----------------------|----------------------|---------------------------------------|
| 1.01                             | Persons are identified who make up my personal support network. Their contact information is on my Emergency Information form.   |             |                       |                      |                                       |
| 1.02                             | We have a system to notify each other when we are going out of town and when we return.  |             |                       |                      |                                       |
| 1.03                             | When my personal network changes, I update my Emergency Information Form.  |             |                       |                      |                                       |
| 1.04                             | I have practiced communicating with my personal support network.   |             |                       |                      |                                       |
| 1.05                             | I know what back-ups we have for when our first type of communication does not work.   |             |                       |                      |                                       |
| 1.06                             | When there is an emergency, I know who to contact first, second, etc., to give me assistance and how to best reach them.   |             |                       |                      |                                       |
| <b>Section 2:<br/>INDIVIDUAL</b> | <b>Public Information</b>  |             |                       |                      |                                       |
| 2.01                             | I know which is the best media format for me to receive public information.  |             |                       |                      |                                       |
| 2.02                             | I have made my support network aware of how information should be communicated to me in the event of an emergency.   |             |                       |                      |                                       |
| 2.03                             | In the event of a power failure or an inability to receive information via cell phone, computer, etc., one person on my support network has been identified to get me the information. |             |                       |                      |                                       |
| 2.04                             | A back-up person on my personal support network has been identified to get emergency information to me and in a form I can understand.   |             |                       |                      |                                       |
| 2.05                             | Where a Volunteer Registry exists in my county, I have completed the form to enroll in the registry, to let Emergency Responders know of my special needs in advance of an emergency.  |             |                       |                      |                                       |
| 2.06                             | Where special alert systems, such as Reverse 9-1-1, exist, I agreed to participate in order to communicate personal, specific emergency situations to emergency responders.            |             |                       |                      |                                       |
|                                  |  |             |                       |                      |                                       |

|                                  |   | Done | To Be Done | Date Done | Person Who is To Do It |
|----------------------------------|---|------|------------|-----------|------------------------|
| 2.07                             | I have identified specific means of communication to/from others as back-ups:   |      |            |           |                        |
|                                  | • Paper-and-pencil  |      |            |           |                        |
|                                  | • Communication Board   |      |            |           |                        |
|                                  | • Laminated signs or pre-printed messages   |      |            |           |                        |
|                                  | • Pager   |      |            |           |                        |
|                                  | • Word Board  |      |            |           |                        |
|                                  | • Artificial larynx   |      |            |           |                        |
|                                  | • Other: (Identify below)   |      |            |           |                        |
| 2.08                             | I have provided contact information on interpretation services on my Emergency Information form (if applicable).  |      |            |           |                        |
|                                  |   |      |            |           |                        |
| <b>Section 3:<br/>INDIVIDUAL</b> | <b>Warning/Notification</b>   |      |            |           |                        |
| 3.01                             | I know the steps I and my personal support network will take to notify me of an impending or actual emergency.  |      |            |           |                        |
| 3.02                             | I have practiced the steps of my plan with my personal support network.   |      |            |           |                        |
| 3.03                             | I have made adjustments for problems with communication systems, such as if cell phones, computers, etc., don't work.   |      |            |           |                        |
| 3.04                             | Where it applies, I have checked and know where to find two-way communication devices in my building, such as in elevators and other areas of refuge/rescue assistance.               |      |            |           |                        |
| 3.05                             | I know where to find special phone systems, such as TDD, TTY, and other such systems, should I need to warn others or to use them to communicate with emergency responders/personnel. |      |            |           |                        |
|                                  |   |      |            |           |                        |
| <b>Section 4:<br/>INDIVIDUAL</b> | <b>Evacuation</b>   |      |            |           |                        |
| 4.01                             | I know where to find emergency equipment, such as fire extinguishers, etc., my building.  |      |            |           |                        |
| 4.02                             | I know how to activate emergency equipment, or know how to guide others in their use.   |      |            |           |                        |
| 4.03                             | I know the location of all exits.   |      |            |           |                        |
| 4.04                             | I know how I may help others in an emergency.   |      |            |           |                        |

|      |  | Done | To Be Done | Date Done | Person Who is To Do It |
|------|--|------|------------|-----------|------------------------|
| 4.05 | I have practiced helping those who may need my assistance.   |      |            |           |                        |
| 4.06 | I have practiced evacuating with my service animal.  |      |            |           |                        |
| 4.07 | I have practiced evacuating and guiding my service animal in the event it becomes confused or frightened in an emergency.                                      |      |            |           |                        |
| 4.08 | I have made specific plans for my pet, since shelters may not allow me to take them with me.   |      |            |           |                        |
| 4.09 | I have tried various ways to make my presence known, should I be trapped or blocked, such as:  |      |            |           |                        |
|      | <ul style="list-style-type: none"> <li>• Blowing a whistle</li> </ul>  |      |            |           |                        |
|      | <ul style="list-style-type: none"> <li>• Knocking on an outside wall</li> </ul>  |      |            |           |                        |
|      | <ul style="list-style-type: none"> <li>• Yelling, "Help!"</li> </ul>   |      |            |           |                        |
|      | <ul style="list-style-type: none"> <li>• Making other types of noise</li> </ul>  |      |            |           |                        |
| 4.10 | I have given a back-up assistive device (wheelchair, communication board, hearing aids, etc.) to a person/persons of my personal support system.               |      |            |           |                        |
| 4.11 | My personal support network has been instructed in the appropriate way to assist or move me.   |      |            |           |                        |
| 4.12 | I have worked with my personal support system to act as my guide, if needed, to get out of the building.   |      |            |           |                        |
| 4.13 | Should my personal support network be unavailable, I have laminated instructions for emergency workers on what devices I need and how to use them.             |      |            |           |                        |
| 4.14 | I have a Disaster Preparedness Kit in a convenient location and know to take it with me in an evacuation. I have included the following items, as appropriate: |      |            |           |                        |
|      | <ul style="list-style-type: none"> <li>• My medications (3 days worth) or</li> </ul>   |      |            |           |                        |
|      | <ul style="list-style-type: none"> <li>• Prescriptions for my medications</li> </ul>   |      |            |           |                        |
|      | <ul style="list-style-type: none"> <li>• Nonperishable food (3 days worth)</li> </ul>  |      |            |           |                        |
|      | <ul style="list-style-type: none"> <li>• Water or water purification tablets</li> </ul>  |      |            |           |                        |
|      | <ul style="list-style-type: none"> <li>• Emergency documents (such as Durable Power of Attorney for Health Care) and other important papers</li> </ul>         |      |            |           |                        |

|                                  |   | Done | To Be Done | Date Done | Person Who is To Do It |
|----------------------------------|---|------|------------|-----------|------------------------|
|                                  | <ul style="list-style-type: none"> <li>• A flashlight</li> </ul>  |      |            |           |                        |
|                                  | <ul style="list-style-type: none"> <li>• My assistive devices and instructions for them</li> </ul>  |      |            |           |                        |
|                                  | <ul style="list-style-type: none"> <li>• Back-up batteries</li> </ul>   |      |            |           |                        |
|                                  | <ul style="list-style-type: none"> <li>• Pre-printed messages to help me communicate with others/emergency personnel</li> </ul>   |      |            |           |                        |
|                                  | <ul style="list-style-type: none"> <li>• A copy of my Emergency Information form</li> </ul>   |      |            |           |                        |
|                                  | <ul style="list-style-type: none"> <li>• First aid kit</li> </ul>   |      |            |           |                        |
|                                  | <ul style="list-style-type: none"> <li>• Special medical supplies (e.g, syringes, colostomy bags, bandages, manual infusion tubes, oxygen, breathing equipment, etc.)</li> </ul>  |      |            |           |                        |
|                                  | <ul style="list-style-type: none"> <li>• Back-up glasses, contacts, etc.</li> </ul>   |      |            |           |                        |
|                                  | <ul style="list-style-type: none"> <li>• Gloves</li> </ul>  |      |            |           |                        |
|                                  | <ul style="list-style-type: none"> <li>• Items needed for my service animal:</li> <li>• Bowl for water and food</li> <li>• Blanket</li> <li>• Plastic bags for waste disposal</li> <li>• Neosporin for minor wounds</li> <li>• Favorite toy</li> <li>• Extra harness</li> </ul> |      |            |           |                        |
|                                  | <ul style="list-style-type: none"> <li>• A change of clothing</li> </ul>  |      |            |           |                        |
|                                  | <ul style="list-style-type: none"> <li>• Copy of my Emergency Plan</li> </ul>   |      |            |           |                        |
| 4.13                             | Where appropriate, I have signage posted regarding my special needs (e.g., “Oxygen in Use”)   |      |            |           |                        |
|                                  |   |      |            |           |                        |
| <b>Section 5:<br/>INDIVIDUAL</b> | <b>All-Hazards Specific Planning</b>  |      |            |           |                        |
| 5.01                             | My support network and I have been involved in local All-Hazards planning.  |      |            |           |                        |
| 5.02                             | My support network and I have been trained in the appropriate response to various hazards likely to affect my area.   |      |            |           |                        |
| 5.03                             | I have identified appropriate safe rooms in my house for each type of hazard.   |      |            |           |                        |
| 5.04                             | I am aware of the steps for sheltering-in-place.  |      |            |           |                        |
|                                  |   |      |            |           |                        |

|                                  |   | Done | To Be Done | Date Done | Person Who is To Do It |
|----------------------------------|---|------|------------|-----------|------------------------|
| 5.05                             | I know how the need for sheltering in place or for evacuation will be communicated to me by way of:   |      |            |           |                        |
|                                  | • The Emergency Alert System  |      |            |           |                        |
|                                  | • My personal support network   |      |            |           |                        |
|                                  | • My pre-emergency communication system   |      |            |           |                        |
| 5.06                             | Should I be required to shelter-in-place, I have communicated with my electric, gas and water companies how to restore power early to me should I be dependent on these services to power my assistive devices. |      |            |           |                        |
| 5.07                             | In the event power cannot be restored for some time, I have an alternate power source available.  |      |            |           |                        |
|                                  |   |      |            |           |                        |
| <b>Section 6:<br/>INDIVIDUAL</b> | <b>Continuation of My Treatment or Service Needs</b>  |      |            |           |                        |
| 6.01                             | With my personal support system, I have identified alternative ways to get service elements when I am not able to get to my regular service providers.  |      |            |           |                        |
| 6.02                             | Specific roles and responsibilities have been assigned to members of my personal support system or to me, should I not be able to get to my regular service providers.  |      |            |           |                        |

Adapted from: *Mental Health All-Hazards Disaster Planning Guidance*. (2003). U.S. Department of Health and Family Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. DHHS: Rockville, MD, 20857.

**REMINDER:** This information should be kept in your emergency kit or “go bag” for you or your caregiver. It is up to you whether or not you share this information with emergency workers to help them help you better in an emergency or disaster. You may wish to attach information about your specific assistive device (such as instructions for a wheelchair, communication board, etc.) or to attach special instructions on how best to help you (for example, information on how you like to be carried, where back-up devices are located, etc.).

## GLOSSARY OF TERMS

**All-Hazards:** relates to all potential emergencies or disasters.

**Artificial larynx:** A speaking device used by people who have had their larynx removed to help them talk to and with others.

**Assistive Devices:** Any device used for a major activity such as for movement, hearing, speaking, etc.

**Communication:** The giving and receiving of information.

**Communication Board/Word Board:** A board with words, objects, pictures, and/or symbols used by people with communication disabilities to talk to others.

**Communication System:** A system such as mail, telephone, cell phone, pager, television (TV), radio, or e-mail for sending and receiving messages or information.

**Disaster Preparedness Kit:** A kit containing basic supplies you would need to survive the first few days of an emergency or disaster should emergency or disaster workers have trouble getting to you immediately. It can also become a “go kit” to take with you in the event you must leave your home or other place of shelter.

**Durable Power of Attorney for Health Care:** This is a document you sign, giving a person you identify the power to make emergency medical decisions for you in the event you are not able to let emergency workers know your needs.

**Emergency Alert System:** A system of television, radio, cable and other providers who send and receive emergency alerts and information to you through your TV, radio, or other communication systems.

**Emergency Equipment:** Fire control devices such as fire extinguishers, sprinklers, etc., as well as other equipment used to reduce or eliminate immediate hazards.

**Emergency Responders/Workers:** Safety officers, police, firemen, ambulance drivers and other emergency medical people, utilities, and public health workers.

**Man-Made Disasters:** Disasters or emergencies caused by explosions, spills of dangerous chemicals or other hazardous materials, plane crashes, and train wrecks, as well as other dangerous situations caused by something built by or created by man.

**Natural Disasters:** include floods, tornadoes, ice storms, blizzards, droughts, and other emergencies caused by nature.

**Notification:** Special directions and information broadcast to a community if special sheltering or evacuation steps are required in the event of emergency or disaster.

**Personal Support Network/System:** People who regularly help or who could help emergency workers obtain information about your needs and how best to take care of you in an emergency.

**Purification Tablets:** Tablets that when used in water can assure the water is drinkable in the chance the water was affected by the emergency or disaster conditions.

**Reverse 9-1-1:** A 9-1-1 or emergency phone system that allows for identification of specific phone numbers and location of the caller, as well as for providing information from the caller back to emergency workers.

**Safe room:** is a room in your home or place of work which can protect you from outside bad air in the event of a man-made disaster (like a chemical spill or nuclear explosion) or from flying debris or other dangers in a natural disaster (such as a tornado or flood).

**Sheltering-In-Place:** means selecting a small, interior room, with no or few windows, and going there during the emergency or disaster to keep you away from flying debris or bad outside air.

**Signage:** Signs or posters that provide information to you about location of services, directions to follow, or information about what you should do and that is in a manner or language you understand.

**TDD:** stands for Telecommunication Device for the Deaf. It is a text telephone system, often used to describe the modern electronic gadgets used to assist the deaf or hard of hearing to communicate with others.

**TTY:** A device that enables people who are deaf or hard of hearing or who are speech-disabled to use the telephone by typing messages back and forth to one another instead of talking back and forth. A TTY device is required at both ends unless the call is placed through a relay operator.

**Volunteer Registry:** A sign-up system within your local emergency management or 9-1-1 system that allows emergency workers to locate persons with special needs or who are in need of special assistance during disaster or emergencies that may require evacuation or movement of people to shelter facilities.

**Warning:** Allows for fast alerting of large areas and numbers of people in the event of an emergency or disaster (such as a siren to let you know of tornadoes, winter storms, or other approaching dangers).