

DISASTER READINESS DOCUMENT

My Information

My name * Required

First Last

My address * Required

Street Address Address Line 2 City
State

ZIP Code

My phone number

My email address

My Emergency Contact

Emergency contact name * Required

First Last

Emergency contact phone number * Required

Emergency contact email address

My Household

Will anyone be traveling with you?

You may or may not live with other people, like family members, roommates, or a caretaker. If you do live with other people, will they be traveling with you during an emergency?

Yes

No

My Pets

Do you have a pet?

Do you have a pet, service animal, and/or emotional support animal that will travel with you during an emergency?

Yes

No

My doctor's name

My doctor's phone number

My health conditions

List any disabilities or known health conditions you may be experiencing.

My medications

List your medications, including dosage and frequency, also including those only taken as-needed. Please list each medication on a separate line.

My allergies

List any Durable Medical Equipment (DME) or Assistive Technology (AT) you use. If possible, please include the serial number of the device.

My support services

For example, some people have attendant services for nursing, daily living, or mental health.

COVID-19 Vaccination

What is your COVID-19 vaccination status?

I'm fully vaccinated and boosted.

I'm fully vaccinated.

I'm partially vaccinated.

I have not received a COVID-19 vaccine.

Communication & Religion

What is the best way to communicate with you?

For example, some people communicate via American Sign Language (ASL), some people use an assistive device, some people prefer to not make eye contact, etc.

Preferred language

For example, some people prefer to speak English or Spanish, use ASL, etc.

Religious considerations

If you would like to have your religion taken into account during an emergency, please provide information about your religious preferences.

My local radio station

My Local Disaster or Emergency Contacts

These could include contacts from your county and/or your city.

Office of Emergency Management phone number

Fire Department phone number

Sheriff or Police Department phone number

Public transportation or paratransit phone number

My Utility Providers

Electric company name

Electric company phone number

Are you a critical care customer with your electric company?

Yes

No

I'm not sure

Gas company name

Gas company phone number

Are you a critical care customer with your gas company?

Yes

No

I'm not sure

Water company name

Water company phone number

Healthcare, DME & AT Providers

Healthcare agency name

Healthcare agency phone number

Emergency healthcare plan

How do you plan to access healthcare if there is an emergency?

0 of 100 max characters

DME provider name

What is the name of the company or agency that provides your Durable Medical Equipment (DME)?

DME provider phone number

Emergency DME plan

How do you plan to access DME if there is an emergency?

0 of 100 max characters

AT provider name

What is the name of the company or agency that provides your Assistive Technology (AT)?

AT provider phone number

Emergency AT plan

How do you plan to access AT if there is an emergency?

0 of 100 max characters

My Transportation

Emergency transportation plan

If you need to leave your home during an emergency, do you have your own transportation?

Yes, I have my own transportation

No, I don't have my own transportation