

Section 1: INDIVIDUAL	COMMUNICATIONS	Done	To Be Done	Date Done	Person Who Is To Do It
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 practice 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.				
Section 2: INDIVIDUAL	PUBLIC INFORMATION				
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:				
	<ul style="list-style-type: none"> • Paper –and-pencil 				
	<ul style="list-style-type: none"> • Communication Board 				
	<ul style="list-style-type: none"> • Laminated signs or pre-printed messages 				
	<ul style="list-style-type: none"> • Pager 				
	<ul style="list-style-type: none"> • Word Board 				
	<ul style="list-style-type: none"> • Artificial larynx 				
	<ul style="list-style-type: none"> • Other: (Identify below) 				
2.08	I have provided contact information on interpretation services on my Emergency Information form (if applicable).				
Section 3: INDIVIDUAL	WARNING/NOTIFICATION				
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.				
Section 4: INDIVIDUAL	EVACUATION				
4.01	I know where to find emergency equipment, such as fire extinguishers, etc., in 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"> • Blowing a whistle 				
	<ul style="list-style-type: none"> • Knocking on an outside wall 				
	<ul style="list-style-type: none"> • Yelling, "Help!" 				
	<ul style="list-style-type: none"> • Making other types of noise 				
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"> • My medications (3 days worth) or • Prescriptions for my medications 				
	<ul style="list-style-type: none"> • Nonperishable food (3 days worth) 				
	<ul style="list-style-type: none"> • Water or water purification tablets 				
	<ul style="list-style-type: none"> • Emergency documents (such as Durable Power of Attorney for Health Care) and other important papers. 				

		Done	To Be Done	Date Done	Person Who Is To Do It
	<ul style="list-style-type: none"> • A flashlight 				
	<ul style="list-style-type: none"> • My assistive devices and instructions for them 				
	<ul style="list-style-type: none"> • Back-up batteries 				
	<ul style="list-style-type: none"> • Pre-printed messages to help me communicate with others/emergency personnel 				
	<ul style="list-style-type: none"> • A copy of my Emergency Information form 				
	<ul style="list-style-type: none"> • First aid kit 				
	<ul style="list-style-type: none"> • Special medical supplies (e.g. syringes, colostomy bags, bandages, manual infusion tubes, oxygen, breathing equipment, etc.) 				
	<ul style="list-style-type: none"> • Back-up glasses, contacts, etc. 				
	<ul style="list-style-type: none"> • Gloves 				
	<ul style="list-style-type: none"> • Items needed for my service animal: • Bowl for water and food • Blanket • Plastic bags for waste disposal • Neosporin for minor wounds • Favorite toy • Extra harness 				
	<ul style="list-style-type: none"> • A change of clothing 				
	<ul style="list-style-type: none"> • Copy of my Emergency Plan 				
4.15	Where appropriate, I have signage posted regarding my special needs (e.g., "Oxygen in Use")				
Section 5: INDIVIDUAL	ALL-HAZARDS SPECIFIC PLANNING				
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:				
	<ul style="list-style-type: none"> • The Emergency Alert System 				
	<ul style="list-style-type: none"> • My personal support network 				
	<ul style="list-style-type: none"> • 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.				
Section 6: INDIVIDUAL	CONTINUATION OF MY TREATMENT OR SERVICE NEEDS				
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.

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 instruction for a wheelchair, communication board, etc.) or to attach special instruction on how best to help you (for example, information on how you like to be carried, where back-up devices are located, etc.).