

Disaster Plan for Individuals with Disabilities (Abbreviated For Case File)

Provided by ILRC of Northeast Florida
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DIRECTIONS: Complete this form for consumer case file.

PERSONAL INFORMATION

1. Name _____ Date of Birth _____

2. Social Security Number _____

3 Street Address _____ Apartment Number _____

4. City _____ State _____ Zip _____

5. Telephone _____ Cell Phone _____ TTY _____

6. Pager Number _____ E-mail address _____

7. Persons to Contact in Emergency

Name _____ Relationship _____

Phone _____ E-mail _____

Name _____ Relationship _____

Phone _____ E-mail _____

Name _____ Relationship _____

Phone _____ E-mail _____

Name _____ Relationship _____

Phone _____ E-mail _____

8. What is the nature of your disability (if any)?

9. Names and ages of people live with you?

10. Do you have a caretaker? YES NO

If YES, what is their name and contact information?

11. Are you the primary care giver? YES NO

If NO, who is? Give their name and contact information:

12. Describe your pets:

13. Do you have a service animal? YES NO

If YES, what kind of animal, what service does it provide, how much does it weigh?

14. Do you have a car or other means of transportation?

15. Do you use Special Transportation Services? YES NO

16. Will you need assistance to evacuate? YES NO

17. What type of assistance?

18. Which Agencies or Organizations have you registered with to assist you with evacuation and transportation to a shelter?

19. Have you registered with your city or county as a person needing special assistance in an emergency? YES NO

20. If so, which city or county? _____

EVACUATION PLAN

21. Identify three (3) places where you can go in an emergency (friend’s home, motel, shelter)

Address _____ Phone _____

Description of Above Address _____

Address _____ Phone _____

Description of Above Address _____

Address _____ Phone _____

Description of Above Address _____