

II. Preparedness: Individual Planning

Communication Planning

My Household

Name Contact Information	
Name Contact Information	
Name Contact Information	
Name Contact Information	
Name Contact Information	

Out of Area Contacts

	Primary	Secondary
Name		
Relationship		
Tel. (day & eve)		
Cell Phone		
Email		

Provide Contacts with a Copy of the Following:

- | | | |
|--|---|--|
| <input type="checkbox"/> Driver's license | <input type="checkbox"/> Medical info including prescriptions | <input type="checkbox"/> Credit Card info |
| <input type="checkbox"/> Passport/Green Card, etc. | <input type="checkbox"/> Bank information | <input type="checkbox"/> Utilities info |
| <input type="checkbox"/> Social Security Card | <input type="checkbox"/> Financial documents | <input type="checkbox"/> Auto insurance |
| <input type="checkbox"/> Address book | <input type="checkbox"/> Home/Renters insurance | <input type="checkbox"/> Pet ID info |
| <input type="checkbox"/> Health insurance | <input type="checkbox"/> Wills & Deeds | <input type="checkbox"/> Vet info |
| <input type="checkbox"/> Doctor's contact numbers | | <input type="checkbox"/> Any other info important to you & your family |



Additional names and contact information for relatives and friends that will want to know your status after a disaster.

Name _____

Contact info _____

Name _____

Contact info _____

Name _____

Contact info _____

Name _____

Contact info _____

Name _____

Contact info _____

Name _____

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Name _____

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Name _____

Contact info _____

