

**One-Page Personal Preparedness
To be kept on-file by agency**

Name of Staff Person: _____

Home Address: _____

Phone, E-mail and Other Contact Methods: _____

Family Members (& relationship): _____

Pet's Names and Identifying Characteristics: _____

Emergency Out-of-Area Contact Information: _____

Family Reunification Site(s): _____

Spouse / Partner Work Contact Info: _____

Children's Schools / Day Care, etc: _____

The Following has been accomplished when checked

- Important financial, insurance and ID records backed up / copied and offsite
- Computer records backed up and offsite
- Home Emergency Go-Kit in place
- Minimum supplies stored to sustain family (including pets) for minimum of 3 days
- Pets micro-chipped or have collar ID, and photos in offsite records

Signature and Date _____