



FAMILY EMERGENCY PLAN



Your Family may not be together when disaster strikes, so plan what you will do in different situations and plan how you will contact one another.

Family Evacuation Procedure

Where the Family will meet near home: _____ Phone: _____

Alternate meeting place if access is blocked: _____ Phone: _____

Family Communications Procedure

- Fill in the information below. Add other important information to suit your Family's circumstances.
- Keep this plan with your emergency supplies kit, along with your command's standard and emergency reporting procedures.
- Ensure all Family members have the most important contact information for each other.

Where Your Family Spends Time

Work: _____	Work: _____	School: _____
Address: _____	Address: _____	Address: _____
Phone: _____	Phone: _____	Phone: _____
Evac Location: _____	Evac Location: _____	Evac Location: _____
School: _____	Other: _____	Other: _____
Address: _____	Address: _____	Address: _____
Phone: _____	Phone: _____	Phone: _____
Evac Location: _____	Evac Location: _____	Evac Location: _____

Contact Information

Out-of-Town Contact: _____ Phone: _____

E-mail: _____ Alternate Phone: _____

Family Members

Name: _____ Birth Date: _____ SSN: _____ DL#: _____

Passport #: _____ Prescription/Medical Info: _____

Name: _____ Birth Date: _____ SSN: _____ DL#: _____

Passport #: _____ Prescription/Medical Info: _____

Name: _____ Birth Date: _____ SSN: _____ DL#: _____

Passport #: _____ Prescription/Medical Info: _____

Name: _____ Birth Date: _____ SSN: _____ DL#: _____

Passport #: _____ Prescription/Medical Info: _____

Name: _____ Birth Date: _____ SSN: _____ DL#: _____

Passport #: _____ Prescription/Medical Info: _____



ARMY STRONG.™

Family Members (Continued)

Name: _____ Birth Date: _____ SSN: _____ DL#: _____
Passport #: _____ Prescription/Medical Info: _____
Name: _____ Birth Date: _____ SSN: _____ DL#: _____
Passport #: _____ Prescription/Medical Info: _____
Name: _____ Birth Date: _____ SSN: _____ DL#: _____
Passport #: _____ Prescription/Medical Info: _____

Command Information

Insurance Policy Numbers and Contacts

Medical/Dental: _____ Homeowners/Renters: _____
Automobile: _____ Life: _____

Provisions for Utilities

In various emergency situations, whether you evacuate or shelter-in-place, you may be advised to cut off ventilation systems or utilities. Write the locations of, and instructions for, these controls and any tools necessary to change them. (Like fire and evacuation plans, this is a good thing to review and practice with the whole family.)

Electricity: _____ Gas: _____
Water: _____ Ventilation: _____

Important Records

Use checklists to help collect important papers to keep with your emergency supplies kit for ready access in case of evacuation.

Personal

- Military ID Cards
- Social Security Cards
- Citizenship Papers
- Vehicle Registration/ownership records
- Birth Certificates
- Passports
- Medical Records
- Marriage License; divorce records
- Wills
- Power(s) of Attorney (Personal/Property)

Financial

- Bank statements
- Bills (Electricity, Water, Gas)
- Tax returns, property tax statements
- Credit/debit statements
- Health Insurance cards/records
- Investment/retirement account records
- Mortgage statement or lease
- Other insurance records
- Income records (including government benefits, child support, alimony)

Accountability Reporting Information

Army Disaster Personnel Accountability and Assessment System (ADPAAS)

Website: <https://adpaas.army.mil>

Army Info Hotline: 1-800-833-6622

Other Information Sources

Army OneSource: www.myarmyonesource.com

Safe and Well List: www.redcross.org/find-help/contact-family

Recover and Rebuild: www.fema.gov/response-recovery

Army Emergency Relief: www.aerhq.org

Military OneSource: www.militaryonesource.mil

CONUS & OCONUS (24/7): 800-342-9647

OCONUS: 703-253-9647 (Follow local instructions for Collect calls)

Hearing-impaired callers & TTY/TTD: 866-607-6794

Spanish-speaking callers: 877-888-0727

