



Homeland  
Security

# Family Communications Plan

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

Out-of-State Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fill out the following information for each family member and keep it up to date.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Important Medical Information: \_\_\_\_\_

**Where to go in an emergency.** Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans.

## Home

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Neighborhood Meeting Place: \_\_\_\_\_

Regional Meeting Place: \_\_\_\_\_

## Work

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

## School

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

## Work

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

## School

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

## Other place you frequent:

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

## School

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

## Other place you frequent:

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Evacuation Location: \_\_\_\_\_

Important Information	Name	Telephone #	Policy #
Doctor(s):			
Other:			
Pharmacist:			
Medical Insurance:			
Homeowners/Rental Insurance:			
Veterinarian/Kennel (for pets):			

Other useful phone numbers: **9-1-1** for emergencies.

Police Non-Emergency Phone #: \_\_\_\_\_