

TW Attachment H: EMERGENCY PLAN
OCDD-SC-18-06

I. Demographics			
Participant Name:		Date of Birth	
Physical Address:		Mailing Address:	
Street Address:		Street Address:	
City	Zip Code:	City:	Zip Code:
Parish:		Phone # (s):	
Emergency Contact Name:		Emergency Contact Phone #:	
Physician's Name:		Physician's Phone Number:	
II. Planned Mandatory Evacuation Place (i.e., hurricanes, floods, etc.): (Must Select one)			
<input type="checkbox"/> A. Home of family or friend (List name, relationship & address)			
Name of Family Member/Friend	Relationship	Address	Contact phone # (s)
<input type="checkbox"/> B. Medical Special Needs Shelter (MSNS): (Describe medical condition requiring MSNS care)			
<input type="checkbox"/> C. General Emergency Shelter:			
<input type="checkbox"/> D. Shelter In Place:			
<input type="checkbox"/> E. Other: (Describe Place)			

III. Transportation: (Must select one of the options below, and complete the transportation contact information)

☐ **A. Family or other natural support will provide transportation to evacuation place.** (List at least 1, preferably 2 or more names of persons responsible for your transportation in an emergency and their emergency contact phone numbers)

Name of family Member (s) or Natural Support (s)	Contact Phone # (s)

☐ **B. Direct Service Provider agrees to provide transportation to the evacuation place and remain with participant until support arrives.**
[If natural support does not arrive as planned, the Direct Service Worker (DSW) will contact the Support Coordinator and stay with the participant until help arrives.]

Name of Direct Support Provider Contacts	Direct Support Provider Contact # (s)

☐ **C. Alternate:** If plan depends on any other form of transportation, e.g., ambulance transportation, local emergency transportation, describe arrangements that have been made in the event that alternate transportation is required:

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Name of Alternate Transportation Agency/Service	Alternate Transportation Agency/Service Provider Contact # (s)

IV. Personal Care Support: (Must select one)

☐ **A. Participant can take care of self during emergency.**

☐ **B. Family/natural (unpaid) support agrees to provide all necessary assistance during an emergency and will be responsible for support needs.**

Name of Family Member (s)/Natural Support (s)	Relationship	Emergency Contact Phone # (s)

☐ **C. Direct Service Provider will continue to provide a DSW to assist during an evacuation. DSP will ensure that a DSW will be available for the full number of units he/she is authorized to receive, and the participant can remain alone safely during the times when paid supports are unavailable.**

Name of Direct Service Provider Contact (s)	Emergency Contact Phone # (s)

☐ **D. Direct Service Provider will continue to provide a DSW to assist during an evacuation. Direct Service Provider will ensure that a DSW will be available for the full number of units he/she is authorized to receive, AND family/natural supports will care for the participant when the DSW leaves his/her shift (s).**

Name of Direct Service Provider Contact (s)	Emergency Contact Phone # (s)

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Name of Family Member (s)/Natural Support (s)	Relationship	Emergency Contact Phone # (s)

V. Planned Support Coordinator (SC) Responsibility: (Select all that apply)

☐ **A. SC will locate and inform participant of the location of an open Medical Special Needs Shelter (MSNS) or General Emergency Shelter during a disaster, if listed as evacuation place.**

☐ **B. Other Planned SC Assistance:** (Describe)

VI. Who will ensure that medication, medical supplies, equipment, and Plan of Care are labeled and sent with participation to evacuation site? (Must select one)

☐ **A. Family, friend or unpaid support** ☐ **B. Direct Service Provider** ☐ **C. Participant**

VII. Durable Medical Equipment (DME) needed for evacuation and at evacuation site:

<p>VIII. Participant has a Pet? <input type="checkbox"/> Yes <input type="checkbox"/> No Note: Due to health purposes, shelters are unable to transport or board pets. If yes, pet will be evacuated with:</p> <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div>															
<p>IX. Other Emergency Events: In the event of a fire, participant will move to the point of safety which is (list below the designated place to meet outside of the home):</p> <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div> <p>If a tornado warning is issued, participant will evacuate to a designated point of safety within the home such as: <input type="checkbox"/> Hallway <input type="checkbox"/> Bathroom <input type="checkbox"/> Closet <input type="checkbox"/> Basement <input type="checkbox"/> Other (specify):</p> <p>During an emergency, if problems arise with the Emergency Plan, the SC will assist the participant in finding alternate plans, and if necessary, contact the LGE office and local Emergency Preparedness Office.</p>															
<p>X. Signatures: Individuals below agree to this Emergency Plan. (NOTE: Everyone who is responsible in this Emergency Plan must sign below or give verbal agreement.)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d3d3d3;"> <th style="width: 30%;">Printed Name</th> <th style="width: 40%;">Signature</th> <th style="width: 30%;">Date</th> </tr> </thead> <tbody> <tr> <td>Participant/Responsible Representative:</td> <td></td> <td></td> </tr> <tr> <td>Natural Support:</td> <td style="text-align: right;">OR <input type="checkbox"/> Obtained verbal agreement</td> <td></td> </tr> <tr> <td>Natural Support:</td> <td style="text-align: right;">OR <input type="checkbox"/> Obtained verbal agreement</td> <td></td> </tr> </tbody> </table>				Printed Name	Signature	Date	Participant/Responsible Representative:			Natural Support:	OR <input type="checkbox"/> Obtained verbal agreement		Natural Support:	OR <input type="checkbox"/> Obtained verbal agreement	
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Direct Service Provider:			
Support Coordinator:			