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|  | **Tennessee Department of Children’s Services****Foster Home Disaster Plan** |

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| Foster Home Name: |       |

This document contains my plans if I am required to leave my home address due to a natural disaster or catastrophic event.

**If I need to evacuate my home, I would relocate to:**

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| **FIRST CHOICE**: (*name of friend or family if relocating to a residence, address, phone number, alternate phone number, other contact information – email, other*):  |
|       |  |       |
| *Name* |  | *Address* |
| (     )     -      |  | (     )     -      |  |       |
| *Telephone No.* |  | *Alternate Telephone No.* |  | *Other Contact Information* |
| If I am not able to go there, my **SECOND CHOICE** would be: (*address, phone number, alternate phone number, other contact information – email, other*): |
|       |  |       |
| *Name* |  | *Address* |
| (     )     -      |  | (     )     -      |  |       |
| *Telephone No.* |  | *Alternate Telephone No.* |  | *Other Contact Information* |
| Other means of contacting me: |  | (     )     -      |  |       |
|  |  | *Cell Phone Number* |  | *E-Mail Address* |
| Contact information for persons who I would be in touch with in case of an emergency and who Department of Children’s Services (DCS)/Provider could contact if necessary (*e.g*., *family member or friend, living outside of the immediate area, etc*): |
|       |  |       |  | (     )     -      |
| *Name* |  | *Address* |  | *Telephone No.* |

|  |  |  |  |  |
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|       |  |       |  | (     )     -      |
| *Name* |  | *Address* |  | *Telephone No.* |

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| Other information: |       |

I understand that there are critical items I am urged to take with me when we evacuate. These include:

* DCS/Provider contact information (*e.g., Family Service Worker and emergency contact numbers*);
* My children’s medical information (*e.g., prescriptions, recent medical records, physician’s name and contact information and immunization history);*
* Educational records.
* Identifying information for the child including citizenship information; and
* Court order giving DCS custody of any children in my home at the time of the event.

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| I understand that I am required to check in with DCS/Provider. I can use these telephone numbers: |
| (     )     -      |  | (     )     -      |  | (     )     -      |

I understand that should any of the information included in this plan change that I am to update this form within fourteen (14) days of the change and provide DCS/Provider with the update.

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|  |  |       |
| *Signature*  |  | *Date* |
|  |  |  |
| *Print Name* |  |  |