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

|  |  |
| --- | --- |
| 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:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.* |

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

|  |  |
| --- | --- |
| 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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.

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