



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
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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	





INSTRUCTIONS FOR USE OF FORM

CS-0871

Foster Home Disaster Plan

1. The Foster Home Disaster Plan is to be completed by every foster family who is/will be responsible for the care of State of Tennessee custodial children. Refer to policies: [16.20 - Expedited Custodial Placements](#) – Section A-1-C; [16.4 - Resource Home Approval](#) – Section J-2, and [16.8 - Responsibilities of Approved Resource Homes](#) – Section A-8.
2. DCS staff/Private Provider staff that are responsible for maintaining Foster Home case records are to ensure that two (2) Foster Family Disaster *Plans* with original signatures are completed for each foster family. One copy of the Plan remains with the foster family and one copy of the Plan is to be maintained in the Foster Home case record.