FAMILY EVACUATION DISASTER PLAN

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
FOSTER CARE DIVISION
SFN 445 (4-2011)

Clear Fields

Foster/Adopt/Kinship Family Name			County	
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	E-Mail Address		

This document contains my relocation plan in the event that I am required to leave my home address due to a natural disaster or catastrophic event.

FIRST CHOICE, WITHIN THE SAME COMMUNITY

Contact Name				
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	E-Mail Address		
Additional Contact Information				

SECOND CHOICE, WITHIN THE SAME COMMUNITY

Contact Name				
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	E-Mail Address		
Additional Contact Information				

FIRST CHOICE, OUT OF REGION

Contact Name				
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	E-Mail Address		
Additional Contact Information				

SECOND CHOICE, OUT OF REGION

Contact Name				
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	E-Mail Address		
Additional Contact Information				

Contact information for the person with whom I will be in touch in case of an emergency, and who the agency can contact if necessary (e.g., family member or friend, living outside of the immediate area):

Contact Name				
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	E-Mail Address		
Additional Contact Information				

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

- Agency contact information (e.g. agency emergency contact number)
- My foster child's information (e.g. prescriptions, recent medical reports, physician's name and contact information, immunization history).

I understand that in the event that I must evacuate my home, I am required to report my location to the legal custodian, licensing agent or the North Dakota Department of Human Services. To contact the North Dakota Department of Human Services, I can call 1-800-245-3736 (toll-free in-state), 701-328-2316, or e-mail my location to dhscfs@nd.gov.

I understand that if any of the information included in this plan changes, I am to update the legal custodian, licensing agent or the North Dakota Department of Human Services within 14 days of the change.

Printed Name	
Authorized Signature	Date