



FAMILY EVACUATION DISASTER PLAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CHILDREN AND FAMILY SERVICES-ADOPTIONS
SFN 445 (2-2023)

☐ New Pre-Adopt Placement
☐ Address Update

Name (Last, First)		Human Service Zone		Date
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	Email 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 during the adoptive placement period.

EMERGENCY CONTACT 1

Contact Name				
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	Email Address		
Additional Contact Information				

EMERGENCY CONTACT 2

Contact				
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	Email Address		
Additional Contact Information				

EVACUATION LOCATION

Contact Name				
Address		City	State	ZIP Code
Type <input type="checkbox"/> Hotel <input type="checkbox"/> Family Member's Home <input type="checkbox"/> Lake Cabin <input type="checkbox"/> Other (specify):				

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)
- Child 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, adoption worker, or the Department of Health and Human Services. To contact the Department of Health and 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, adoption worker, or the Department of Health and Human Services within 14 days of the change.

Printed Name	
Signature	Date

Form must be completed by adoptive family and submitted to the worker completing the adoption study. Adoption worker will submit with the family adoption assessment to Children and Family Services.