



FAMILY EVACUATION DISASTER PLAN
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 FOSTER CARE DIVISION
 SFN 445 (4-2019)

- Foster Care Adoption
 Initial Licensing
 Renewal Licensing
 Address Change Only

Foster/Adoption Name (Last, First)		County		Date
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	Email Address		
Foster Care Provider Number		Foster Care Licensing Period From: _____ To: _____		

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

SECOND CHOICE, WITHIN THE SAME COMMUNITY

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

FIRST CHOICE, OUT OF REGION

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

SECOND CHOICE, OUT OF REGION

Contact				
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	Email 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				
Address		City	State	ZIP Code
Telephone Number	Cell Phone Number	Email 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	
Signature	Date

Form must be completed by the foster care provider or adoptive family and submitted to the authorized agent completing the licensing/adoption study.

- The foster care licensing worker will submit to the regional office and the North Dakota Department of Human Services regional office will submit to Children and Family Services.
- Adoption worker will submit with the family adoption assessment to Children and Family Services.