

The ONE TO ONE PROJECT

"One person. One plan. One step ahead."

EMERGENCY PLANNING FORM

1. THIS FORM HAS BEEN PREPARED FOR:

Name _____ Tel _____ Date: _____

Language used to complete form: _____

Completed and/or reviewed by (check one or more):

☐ Myself

☐ Friend/family

Name _____ Tel _____

☐ Bilingual volunteer

Name _____ Tel _____

☐ Attorney

Name _____ Tel _____

2. CHILDREN / DEPENDENTS

My children:

Name	Age	School;
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Who should be contacted to care for my child(ren):

Name _____ Tel _____

Children's medical needs, allergies, or medications:

Other instructions regarding children:

PETS / ANIMALS

Type of pet(s) and names:

Person who should care for them:

Name _____ Tel _____

Feeding or medical needs: _____

HOUSING / PROPERTY

I rent / own (circle one)

Address _____

Person who can access my home:

Name _____ Tel _____

Location of spare key: _____

Alarm code: _____

What to do with my belongings – furniture, clothing, photos, etc _____

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Landlord or roommate :

Name_____Tel_____

Instructions for landlord or roommate:

Vehicles (car, motorcycle, etc.): Where it is located / what should be done with it

MONEY / ACCOUNTS / LEGAL

If not recorded here, passwords and PINs have been given to:

Name_____Tel_____

Bank_____Acct#_____

Password_____ATM PIN_____

OTHER ACCOUNTS

Company_____Acct#_____

Password_____PIN_____

Company_____Acct#_____

Password_____PIN_____

Company_____Acct#_____

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Password_____ PIN_____

LEGAL ISSUES

Legal papers, immigration documents, etc: are located at:

PEOPLE TO CONTACT

Name_____Tel_____

Relationship_____

Name_____Tel_____

Relationship_____

Name_____Tel_____

Relationship_____

Name_____Tel_____

Relationship_____

Name_____Tel_____

Relationship_____

Name_____Tel_____

Relationship_____

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FINAL NOTES

[illegible]

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