



**KIDS CENTRAL, INC.**

A COMMUNITY APPROACH TO THE WELFARE OF CHILDREN

*Building Better Lives*

**DISASTER PREPAREDNESS PLAN FOR SUBSTITUTE CAREGIVERS**

Date \_\_\_\_\_

Your Name(s) \_\_\_\_\_

Your Address \_\_\_\_\_

Home Phone \_\_\_\_\_

Wife Cell Phone \_\_\_\_\_ Wife Cell Phone \_\_\_\_\_

Husband Work Phone \_\_\_\_\_ Husband Cell Phone \_\_\_\_\_

Where would you go in the event of an emergency?

1) Would you go to a shelter? Yes \_\_\_ No \_\_\_  
If yes, name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

2) Would you go to the home of a friend or relative? Yes \_\_\_ No \_\_\_  
If yes, name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

3) Other location? Yes \_\_\_ No \_\_\_  
If yes, name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

If you could not go to your first choice, either a shelter, a relative or a friend, what is your second choice back up plan? Please explain and provide a name, an address, and a phone number.

\_\_\_\_\_  
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