Household planning worksheet

Part 1 of 2 • Fill in by hand. Keep private with your emergency supplies.

Call 911 for immediate danger. Follow local instructions and your clinician-approved care plan.

Household members, accessibility needs, and who can help

_____

Nearby meeting place and out-of-neighborhood meeting place

_____

Out-of-area contact and agreed check-in times

_____

Utility outage number, water utility, and local emergency management

_____

Clinician, pharmacy, equipment supplier, and backup caregiver contacts

_____

Medicine storage instructions and refill plan (keep private)

_____

Medical device backup runtime and relocation trigger agreed with provider

_____

Household planning worksheet

Part 2 of 2 • Fill in by hand. Keep private with your emergency supplies.

Call 911 for immediate danger. Follow local instructions and your clinician-approved care plan.

Safe destination, alternative destination, and accessible transport

_____

Pet or service-animal supplies and destination arrangements

_____

Location of water, food, lights, radio, first aid, keys, and go-bags

_____

Water and food resupply plan; sanitation plan if toilets cannot flush

_____

Reasons we will leave rather than stay; who makes the check-in call

_____

Outage start time and refrigerator/freezer temperature notes

_____

Next supply review date and items to replace

_____