## Department of Benefits and Family Support Family and Children's Services

## **EMERGENCY PLAN FOR RESOURCE FAMILY HOMES**

Type or print clearly. Post emergency numbers where easily visible.				
CAREGIVER NAME:		DATE:		
4. EMERGENOIS ALIES TUREATENING. Coll 0.4.4. and tall the state and an elies from				
1. <b>EMERGENCIES - LIFE THREATENING</b> - Call 9-1-1- and tell them the number you're calling from:  HOME ADDRESS:				
MAJOR:				
CROSS ROAD:				
HOME DIRECTION FROM CROSSROAD:				
2. EMERGENCIES – NON-LIFE THREATENING – List direct local number for the following.				
Fire/Paramedics:	Child Protective Services:	Foster Care Ombu	Foster Care Ombudsman Office:	
Physician:	Dentist:	Crisis Center:		Other:
Hospital:	Police/Sheriff:	Poison Control:		
2 OTHER EMERGENCY CO	NTACTS: List numbers that may be	o halpful after a disast	or or omorgon	0/
3. OTHER EMERGENCY CONTACTS: — List numbers that may be helpful after a disassocial worker:			OTHER:	cy.
RELATIVE:				
PROBATION OFFICER:				
SUBSTITUTE CAREGIVER:				
	Some emergencies require evacuation			
	inside. In the event of an emergency one. Do not let anyone return to the		low the escape	e routes, meet at a prearranged
	www. www. www. www. www. www. www. www			_
GAS:			GASCO. PHONE:	
ELECTRIC:			ELECTRIC CO. PHONE:	
WATER:			WATER CO. PHONE	
6. EQUIPMENT LOCATION	The fire department may help you very	with installation informa	ation.	
FIRE EXTINGUISHER: (IF REQUIRED)  SMOKE ALARM				
FIRE ALARM LOCATION (IF YOU HAVE ONE)				TYPE
7. OTHER EMERGENCY EQUIPMENT – Location of first aid kit, blankets, food, water, flashlight, radio and other emergency				
equipment.				
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