

## Homeland Security Communications Plan

Your family may not be together when disaster strikes, so plan how you will contact one another and review what you will do in different situations

will do in different situations.	•				
Out-of-Town Contact Name		Telephone Number:			
Email:		Telephone Number:			
Fill out the following informa	tion for each family membe	er and keep it up to date.			
Name:		Social Security Number:			
Date of Birth:		Important Medical Information:			
Name:		Social Security Number:			
Date of Birth:		Important Medical Inform			
Name:		Social Security Number:			
Date of Birth:		Important Medical Information:			
Name:					
Date of Birth:		Social Security Number:  Important Medical Information:			
Name:		Social Security Number:			
Date of Birth:		Important Medical Information:			
Name:		Social Security Number:			
Date of Birth:		Important Medical Information:			
			rk, school and other places you		
frequent. Schools, daycare pr	roviders, workplaces and ap	eartment buildings should all ha	ave site-specific emergency plans.		
Home	roviders, workplaces and ap	Work	ave site-specific emergency plans.		
Home Address:	roviders, workplaces and ap	Work Address:	ave site-specific emergency plans.		
Home Address: Phone Number:	roviders, workplaces and ap	Work Address: Phone Number:	ave site-specific emergency plans.		
Home Address: Phone Number: Neighborhood Meeting Place:	roviders, workplaces and ap	Work Address:	ave site-specific emergency plans.		
Home Address: Phone Number:	roviders, workplaces and ap	Work Address: Phone Number:	ave site-specific emergency plans.		
Home Address: Phone Number: Neighborhood Meeting Place: Regional Meeting Place: School	roviders, workplaces and ap	Work Address: Phone Number: Evacuation Location: Work	ave site-specific emergency plans.		
Home Address: Phone Number: Neighborhood Meeting Place: Regional Meeting Place: School Address:	roviders, workplaces and ap	Work Address: Phone Number: Evacuation Location:  Work Address:	ave site-specific emergency plans.		
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important information	Italiio	1 Olloy #
Doctor(s):		
Other:		
Pharmacist:		
Medical Insurance:		
Homeowners/Rental Insurance:		
Veterinarian/Kennel (for pets):		

<b>Every family</b>	member	should o	carry a	сору	of this	important	information:

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Other Important Phone Numbers & Information:		Other Important Phone Numbers & Information:
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<b>Solution</b> Family Communications Plan	HERE	🛮 🕲 Family Communications Plan
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Contact Name:		Contact Name:
Telephone:		Telephone:
Out-of-Town Contact Name	_	Out-of-Town Contact Name
Telephone:		Telephone:
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Neighborhood Meeting Place:		Neighborhood Meeting Place:
Meeting Place Telephone:		Meeting Place Telephone:
Dial 9-1-1 for Emergencies!	07	Dial 9-1-1 for Emergencies!
	90	
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Telephone:		Telephone:
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