



# A New Leaf, Inc.

P.O. Box 615 ~ Kingston, Ohio 45644 ~ office. 740.420.0700 ~ fax. 740.420.0800

## FAMILY DISASTER PLAN

EMPLOYEE/FAMILY NAME: \_\_\_\_\_

This document contains my/our contact information and plans if an evacuation is necessary due to a natural disaster or catastrophic event.

Cell phone number(s): \_\_\_\_\_

Email address: \_\_\_\_\_

Contact information for person that lives outside my/our immediate area with whom I/we would be in touch in case of an emergency: *(please provide name, relation, address, phone number)*

**If I/we need to evacuate my/our home, I/we would relocate to:** *(please provide name, relation, address, phone number, alternate phone number, email, and any other contact information)*

1<sup>st</sup> Choice: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Suggested critical items to take regarding the child's foster placement in my/our home:

- ✓ Agency contact information
- ✓ Individual Child Care Agreement (to include releases, journal entry)
- ✓ Medical information (to include prescriptions)
- ✓ Identifying information for the child

I/We understand that contact must be made to the agency as soon as possible but within 24 hours after the event.

I/We understand that any changes to this plan must be submitted to A New Leaf within 14 days of the change.

\_\_\_\_\_  
Foster Caregiver Signature and **DATE**

\_\_\_\_\_  
Foster Caregiver Signature and **DATE**

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

**~ putting Families with wants and Kids with needs together ~**