Houston Department of Health and Human Services

FAMILY 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.

Out-of-town Contact Name: _____ Telephone Number: _____
E-mail: _____ Telephone Number: _____

COMPLETE THE FOLLOWING INFORMATION FOR EACH FAMILY MEMBER AND KEEP IT UP TO DATE.

Name: _____ Social Security Number:_____

Date of Birth: _____ Important Medical Info: _____

Name: _____ Social Security Number:_____

Date of Birth: _____ Important Medical Info: _____

Name: _____ Social Security Number:_____

Date of Birth: _____ Important Medical Info: _____

Name: _____ Social Security Number:_____

Date of Birth: _____ Important Medical Info: _____

Name: _____ Social Security Number:_____

Date of Birth: _____ Important Medical Info: _____

Where to go in an emergency: Write down where your family spends the most time – work, school, and other places you frequent. Schools, daycares, workplaces and apartment buildings should all have site-specific emergency plans.

Home
Address: _____

Phone Number: _____

Neighborhood Meeting Place: _____

Regional Meeting Place: _____

School
Address: _____

Phone Number: _____

Evacuation Location: _____

School
Address: _____

Phone Number: _____

Evacuation Location: _____

Work
Address: _____

Phone Number: _____

Evacuation Location: _____

Work
Address: _____

Phone Number: _____

Evacuation Location: _____

Other Place You Frequent
Address: _____

Phone Number: _____

Evacuation Location: _____

Important Information	Name/Company	Telephone	Policy Number
Doctor(s)			
Other			
Pharmacist			
Medical Insurance			
Homeowners/Rental Insurance			
Veterinarian/Kennel (for pets)			

Every family member should carry a copy of this important information (cut out and keep in wallet , billfold, etc.):

Contact Name: _____

Telephone: _____

Out-of-Town Contact: _____

Telephone: _____

Neighborhood Meeting Place: _____

Meeting Place Telephone: _____

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_____
_____
_____

Contact Name: _____

Telephone: _____

Out-of-Town Contact: _____

Telephone: _____

Neighborhood Meeting Place: _____

Meeting Place Telephone: _____

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Contact Name: _____

Telephone: _____

Out-of-Town Contact: _____

Telephone: _____

Neighborhood Meeting Place: _____

Meeting Place Telephone: _____

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Contact Name: _____

Telephone: _____

Out-of-Town Contact: _____

Telephone: _____

Neighborhood Meeting Place: _____

Meeting Place Telephone: _____

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