



FOSTER FAMILY DISASTER PLAN

FOSTER FAMILY NAME: _____ DATE: _____

ADDRESS OF FOSTER FAMILY: _____

E-MAIL ADDRESS OF FOSTER PARENT(S): _____ / _____

HOME PHONE: _____

FOSTER PARENT NAME & WORK #: _____

FOSTER PARENT NAME & WORK #: _____

FOSTER PARENT NAME & CELL #: _____

FOSTER PARENT NAME & CELL #: _____

If I need to evacuate my home, I would relocate to:

FIRST CHOICE: (Name of friend, address, phone number, alternate phone numbers, other contact information— e-mail address, etc.)

SECOND CHOICE: (If you are not able to go to the first choice.) Please provide address, phone number, alternate phone numbers, other contact information— email address, etc.

Contact information for person who I would be in touch in case of an emergency and who DSS or Epworth could contact if necessary: (Family members or friends outside of the immediate area).

- I understand I need to take the following critical information with me when I evacuate:
 - DSS and Epworth contact information (agency emergency contact numbers)
 - Foster and Biological children's medical information including insurance card and prescriptions
- I understand that I am required to check in with the SC DSS and Epworth within **24 hours**. I can call this toll free number for DSS: **1-888-722-2580**
- I understand that should any of the information included in this plan change that I am to update the form within 14 days of the change and provide Epworth with the update.

Foster Parent Signature: _____

Foster Parent Signature: _____