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| 1. Participant Name: | |
| 2. Participant Mailing Address: | |
| 3. Participant Physical Address: | 4. Parish: |
| 5. Participant Phone Number(s): | 6. Participant Age: |
| 7. Physician's Name: | 8. Physician's Phone Number: |
| 9. Next of Kin: | 10. Emergency Contact: |
| <p>11. Planned Evacuation Place: (Must select one)</p> <p><input type="checkbox"/> A. Home of family or friend: (List name, relationship & address)</p> <p>_____</p> <p><input type="checkbox"/> B. Medical Special Needs Shelter, MSNS: (Describe medical condition requiring MSNS care.)</p> <p>_____</p> <p><input type="checkbox"/> C. General Emergency Shelter: _____</p> <p><input type="checkbox"/> D. Other: (SC describe place and viability of option) _____</p> | |
| <p>12. Transportation: (Must select one of the below and complete the transportation contact information.)</p> <p><input type="checkbox"/> A. Family or other natural support will provide transportation to the evacuation place.</p> <p><input type="checkbox"/> B. Direct Service Provider (DSP) agrees to provide transportation to the evacuation place and remain with me until my support arrives.*</p> <p>Select type:</p> <p><input type="checkbox"/> 1. Participant only</p> <p><input type="checkbox"/> 2. Participant & manual wheelchair</p> <p><input type="checkbox"/> 3. Participant & electric wheelchair</p> <p><input type="checkbox"/> 4. Transport of DME: (List) _____</p> <p>_____</p> <p><input type="checkbox"/> C. Other: (If plan depends on any other form of transportation, i.e. ambulance transportation, describe.)</p> <p>_____</p> <p>_____</p> <p>Transportation Contact information:</p> <p>(List at minimum, 2 names of persons responsible for your transportation in an emergency and their emergency contact numbers. <u>If transportation is by DSP, must list Direct Service Provider Supervisor & Direct Service Provider Director</u>).</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>*If natural support does not arrive as anticipated, DSW will contact the SC and the regional waiver office and remain with the participant until help arrives.</p> | |



13. Personal Care Support: (Must select one)

- A. **Family or other natural (unpaid) support agrees to assist during an emergency and will be responsible for all of my support needs (with any exceptions indicated on this form).** List Name(s), Relationship(s), & emergency contact number(s) for each natural support:

- B. **Direct Service Provider agrees to continue to provide a Direct Service Worker (DSW) to assist me during an evacuation by ensuring that a PCA worker will be available for the full number of units I am authorized to receive.** (List Name and emergency phone numbers for Direct Service Provider Supervisor & Direct Service Provider (Director)_____

AND: I can remain alone safely during the times when paid supports are unavailable.

- C. **Direct Service Provider agrees to continue to provide a DSW to assist during an evacuation by ensuring that a DSW worker will be available for the full number of units that I am authorized to receive.** (List Name and emergency phone numbers of Direct Service Provider Supervisor & Direct Service Provider Director)_____

AND: The remainder of my direct care support assistance will be provided by family or other natural support. List Name(s), Relationship(s), & emergency phone(s) for each natural support._____

14. Support Coordinator (SC) Assistance:

In all cases, if there are problems with the original plans, the SC will assist the participant in finding alternate plans and if necessary contact the Regional Waiver office and local Emergency Preparedness office.

Planned SC Assistance:(Check any that apply)

- A. **SC will locate & inform me of the location of the open Medical Special Needs Shelter or General Emergency Shelter during a disaster if listed as my evacuation place.**

- B. **Other planned SC assistance: (Describe)_____**

15. Who will assure that medication, medical supplies, equipment and CPOC are labeled & sent with me to an evacuation site: (Select one)

- A. **Family, friend or other unpaid support**
- B. **Direct Service Provider**
- C. **Myself**



16. Durable Medical Equipment needed:

17. SC reviewed with me and left in my home, a copy of the OAAS Safety Protocols Resource Guide which lists best practices when encountering the following emergency situations: Fires in the Home, Tornadoes, Flooding, Terrorist Attacks, Hurricanes, and Chemical Releases.

In the event of a fire I will move to the point of safety which is: (list below designated place to meet outside of the home)._____

If a tornado warning is issued, I will evacuate to a designated point of safety within the home such as

Hallway Bathroom Closet Attic Basement Other:_____

In the event of Flooding, Terrorist Attacks, Hurricanes and Chemical Releases, I will refer to the OAAS Safety Protocols Resource Guide. I will maintain all needed items to shelter in place and will remain in my home until I am given directions by my local Office of Emergency Preparedness to evacuate. Upon an order of evacuation, I will follow the steps in as outlined in my evacuation plan.

18. SC reviewed with me and left in my home, a copy of the OAAS "Find A Safe Place Campaign" Emergency Preparedness Guide.

19. Client has a pet? Yes No

If yes, pet will be evacuated with:

Due to health purposes, shelters are unable to transport or board pets.

I authorize my provider to release the above information to the Office of Emergency Preparedness for the purpose of Disaster Evacuation.

By signing, I am agreeing to the above plan of action. Additional signatures indicate acceptance of the responsibilities indicated above.

Participant/Authorized Representative Signature:

Date:

Natural Support Signature(s)*:

Date:

Natural Support Signature(s)*:

Date:

Natural Support Signature(s)*:

Date:

Natural Support Signature(s)*:

Date:

Direct Service Provider Director or Authorized Designee Signature**:

Date:

SC Signature:

Date:

*Natural Support Signatures must include all listed as responsible.

** This signature is only required when the DSP Director has accepted responsibility as specified in the plan.