Green Mountain Guide for Emergency Planning

My Personal Safety in an Emergency Kit

Additional Information Cards

- Emotional/Behavioral
- Mobility
- Communication/Understanding
- Medical/Allergies
- Assistive Technology
- Deaf/Hard of Hearing
- Vision
- Other
Developed by The Green Mountain Emergency Preparedness Project (GMEP)

A Project of the Center on Disability and Community Inclusion, University of Vermont

Funded by Family Support 360 Special Initiatives Grant from the Administration on Developmental Disabilities.

Grant # 90DN0250/01

In Collaboration with:

- Vermont Family Network
- Vermont Federation of Families for Children’s Mental Health
- Green Mountain Self-Advocates
- Vermont Center for Independent Living
- Family Resource Consultants of the Vermont I-Team
- And individuals with disabilities and families.
Feeling Safe, Being Safe

Making your own plan

This tool will help you prepare for an emergency and make sure others understand your special needs and offer correct and useful assistance to you.

In developing your kit you will want to think about general information and also information that is very specific to you. Several specialty pages are included.

You will want to think of:

• Important People To Call
• Being Safe At Home
• A Safe Place To Go
• What You Need to Have At Home
• What You Need to Take With You

You will need to gather copies of important documents and information. If you need help gathering information contact someone who supports you.

Remember to get both your Stay and Go Kits ready and keep them in a place you can get to quickly.

Tip

Being Safe...Feeling Safe

= Being Prepared
<table>
<thead>
<tr>
<th>Local Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>911</td>
</tr>
<tr>
<td>Police</td>
</tr>
<tr>
<td>Fire</td>
</tr>
<tr>
<td>Ambulance</td>
</tr>
<tr>
<td>Other</td>
</tr>
</tbody>
</table>

**Additional Information Cards**

- [ ] Emotional/Behavioral
- [ ] Medical/Allergies
- [ ] Vision
- [ ] Mobility
- [ ] Assistive Technology
- [ ] Other
- [ ] Communication/Understanding
- [ ] Deaf/Hard of Hearing
<table>
<thead>
<tr>
<th>People Who Know Me</th>
<th>First Person to Call</th>
<th>Address</th>
<th>Phone</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Family, Friend or Emergency Buddy</td>
<td>Address</td>
<td>Phone</td>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Agency Contact</td>
<td>Address</td>
<td>Phone</td>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Trusted Neighbor</td>
<td>Address</td>
<td>Phone</td>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Out of State Friend or Family</td>
<td>Address</td>
<td>Phone</td>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

**Always Tell People Where Your Kit Is**

**Tip**

**Additional Information Cards**

- [ ] Emotional/Behavioral
- [ ] Medical/Allergies
- [ ] Vision
- [ ] Mobility
- [ ] Assistive Technology
- [ ] Other
- [ ] Communication/Understanding
- [ ] Deaf/Hard of Hearing
<table>
<thead>
<tr>
<th>Information About Me</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Name</strong></td>
</tr>
<tr>
<td><strong>Address</strong></td>
</tr>
<tr>
<td><strong>Phone</strong></td>
</tr>
<tr>
<td><strong>My way of</strong></td>
</tr>
<tr>
<td><strong>Communicating</strong></td>
</tr>
<tr>
<td><strong>Best Way to Talk</strong></td>
</tr>
<tr>
<td><strong>With Me</strong></td>
</tr>
<tr>
<td><strong>Best Way to</strong></td>
</tr>
<tr>
<td><strong>Help Me</strong></td>
</tr>
<tr>
<td><strong>How I Respond to</strong></td>
</tr>
<tr>
<td><strong>Stress</strong></td>
</tr>
</tbody>
</table>

**Things I Need**

- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]
- [ ]

**Additional Information Cards**

- [ ] Emotional/Behavioral
- [ ] Medical/Allergies
- [ ] Vision
- [ ] Mobility
- [ ] Assistive Technology
- [ ] Deaf/Hard of Hearing
- [ ] Communication/Understanding
- [ ] Other
### More Information About Me

<table>
<thead>
<tr>
<th>Dr.’s Names Addresses Phone numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance Policy Number Phone Number</td>
</tr>
<tr>
<td>Medications Taken (Keep a Copy of Your Prescription in Kit)</td>
</tr>
<tr>
<td>Pharmacy Number</td>
</tr>
</tbody>
</table>

**Tip**

- Keep Your Info Up To Date

**Additional Information Cards**

- [ ] Emotional/Behavioral
- [ ] Medical/Allergies
- [ ] Vision
- [ ] Mobility
- [ ] Assistive Technology
- [ ] Other
- [ ] Communication/Understanding
- [ ] Deaf/Hard of Hearing
Emotional/Behavioral

Different mental health issues/diagnoses can get in the way during an emergency. Explain/list things here that can assist others in working with you.

Checklist Items
(Things That Help You)

Additional Information Cards
- Emotional/Behavioral
- Medical/Allergies
- Vision
- Mobility
- Assistive Technology
- Other
- Communication/Understanding
- Deaf/Hard of Hearing
Communication/Understanding

Please list any ways of communicating that you can come up with that may be helpful during an emergency (for example, one thing at a time; give me time to respond).

When someone tells you something, what is the best way for them to explain it to you so you can understand (for example, ASL, communication boards)? Include samples of visual cards / communication tools for example.

Checklist Items
(Things That Help You)

☐ _______________________
☐ _______________________
☐ _______________________
☐ _______________________
☐ _______________________

Additional Information Cards
☐ Emotional/Behavioral ☐ Medical/Allergies ☐ Vision
☐ Mobility ☐ Assistive Technology ☐ Other
☐ Communication/Understanding ☐ Deaf/Hard of Hearing
Assistive Technology

Please list here information regarding your equipment or devices. Include quick reference cards/instruction and/or contact phone numbers for replacement parts and supplies or operating instructions.

Checklist Items
(Things That Help You)

☐ ____________________________
☐ ____________________________
☐ ____________________________
☐ ____________________________

Additional Information Cards
☐ Emotional/Behavioral  ☐ Medical/Allergies  ☐ Vision
☐ Mobility  ☐ Assistive Technology  ☐ Other
☐ Communication/Understanding  ☐ Deaf/Hard of Hearing
Deaf/Hard of Hearing

Explain how you communicate. List interpreter contact information / or VP service numbers. Perhaps include a pocket ASL guide or Fingerspelling chart.

Checklist Items
(Things That Help You)

Additional Information Cards

- [ ] Emotional/Behavioral
- [ ] Medical/Allergies
- [ ] Vision
- [ ] Mobility
- [ ] Assistive Technology
- [ ] Other
- [ ] Communication/Understanding
- [ ] Deaf/Hard of Hearing
Vision

Please list information others may need to know. Do you have an assistance animal? You could include Vet contact information also.

Checklist Items
(Things That Help You)

Additional Information Cards
☐ Emotional/Behavioral ☐ Medical/Allergies ☐ Vision
☐ Mobility ☐ Assistive Technology ☐ Other
☐ Communication/Understanding ☐ Deaf/Hard of Hearing
Mobility

You need assistance getting around. List things here that are important for you and your equipment, such as part replacements and batteries.

Checklist Items
(Things That Help You)

Additional Information Cards

- Emotional/Behavioral
- Medical/Allergies
- Vision
- Mobility
- Assistive Technology
- Other
- Communication/Understanding
- Deaf/Hard of Hearing
Medical/Allergies

Please list here any special medical or allergic information that you would need someone to know if you couldn’t tell them. Also include where to get specialized supplies or equipment that you may need.

Checklist Items
(Things That Help You)

☐ _______________________
☐ _______________________
☐ _______________________
☐ _______________________
☐ _______________________
☐ _______________________

Additional Information Cards
☐ Emotional/Behavioral ☐ Medical/Allergies ☐ Vision
☐ Mobility ☐ Assistive Technology ☐ Other
☐ Communication/Understanding ☐ Deaf/Hard of Hearing
This section can be customized and include any special information someone who doesn’t know your needs should know.

Checklist Items
(Things That Help You)

Additional Information Cards
- [ ] Emotional/Behavioral
- [ ] Medical/Allergies
- [ ] Vision
- [ ] Mobility
- [ ] Assistive Technology
- [ ] Other
- [ ] Communication/Understanding
- [ ] Deaf/Hard of Hearing
Stay Kit

Prepare a kit so you can be safe at home. A **3 Day Supply** is a good start. Any documents in the kit should be copies. The checklist is common items to think about. Add other items to your list that are special for you.

- Your Green Mountain Guide to Emergency Planning

- Water
- Food
- Extra Clothes
- Shoes/Boots
- Coat
- Gloves

- Service Animal Supplies
- Meds for 1 Week
- First Aid Kit
- Extra Glasses
- Games & Books
- Soap/Tissues/Hand Cleaner

- Whistle
- Garbage Bags
- Flashlight
- Radio
- Batteries
- Candles/Matches/Lighter

- Copy of Insurance Cards
- Copy of Driver’s License/ID Card
- Cash
- Notebook & Pen
- Extra Keys to House or Car
- Copy of Birth Certificate

**Add Your Own Items**

- ___________________________
- ___________________________
- ___________________________
- ___________________________
- ___________________________

**Additional Information Cards**

- Emotional/Behavioral
- Medical/Allergies
- Vision
- Assistive Technology
- Deaf/Hard of Hearing
Go Kit

Prepare a kit if you need to go/evacuate. A 3 Day Supply is a good start. Any documents in the kit should be copies. The checklist is common items to think about. Add other items to your list that are special for you.

☐ Your Green Mountain Guide to Emergency Planning

☐ Water
☐ Snacks (that won’t spoil)
☐ Change of Clothes
☐ Shoes/Boots
☐ Coat
☐ Gloves

☐ Service Animal Supplies
☐ Meds for 1 Week
☐ First Aid Kit
☐ Extra Glasses
☐ Games & Books
☐ Soap/Tissues/Hand Cleaner

☐ Whistle
☐ Garbage Bags
☐ Flashlight
☐ Radio
☐ Batteries
☐ Candles/Matches/Lighter

☐ Emergency Blanket
☐ Pictures of Family/Friends
☐ Comfort Item (Stuffed Animal/Book/Etc)

☐ Copy of Insurance Cards
☐ Copy of Driver’s License/ID Card
☐ Cash
☐ Notebook & Pen
☐ Extra Keys to House or Car
☐ Copy of Birth Certificate

Add Your Own Items

☐ ____________________________
☐ ____________________________
☐ ____________________________
☐ ____________________________

Label Pictures With Name, Address & Phone

Tip

Additional Information Cards

☐ Emotional/Behavioral
☐ Medical/Allergies
☐ Vision
☐ Mobility
☐ Assistive Technology
☐ Other
☐ Communication/Understanding
☐ Deaf/Hard of Hearing