



Community Care Resources, Inc.
Partnership in Planning

Child-Specific Disaster Plan

for: _____, DOB: ___ / ___ / _____
of _____ County

This document outlines the foster family's plans/responsibilities if required to leave their home due to a natural disaster or catastrophic event while the foster child is in placement.

Foster Parent Information:

Name: _____
Address: _____
Home Phone Number: (____ - ____ - ____)
Cell Phone Number: (____ - ____ - ____)
Email Address: _____@ccrfosterparents.org

Treatment Foster Care Agency Information:

Agency: Community Care Resources, Inc., 6716 Stone Glen Drive, Middleton, WI 53562
Emergency Contact: _____, Clinical Case Manager; (____ - ____ - ____)
After-Hours Emergency Contact: On-Call Clinical Case Manager; 608-827-7100, follow prompts

If I need to evacuate my home, I would re-locate to:

First choice:

Name: _____ Relationship to Foster Parents: _____
Address: _____
Home Phone Number: (____ - ____ - ____)
Cell Phone Number: (____ - ____ - ____)

Second choice:

Name: _____ Relationship to Foster Parents: _____
Address: _____
Home Phone Number: (____ - ____ - ____)
Cell Phone Number: (____ - ____ - ____)

People I will be in contact with who will know my whereabouts, and who CCR and the child's county of residence could contact if necessary: (e.g. family members or friends other than those listed above)

First choice:

Name: _____ Relationship to Foster Parents: _____
Address: _____
Home Phone Number: (____ - ____ - ____)
Cell Phone Number: (____ - ____ - ____)

Second choice:

Name: _____ Relationship to Foster Parents: _____

Address: _____

Home Phone Number: (____-____-____)

Cell Phone Number: (____-____-____)

The child named above:

Does *not* have special needs related to a medical condition or disability (including medications).

Does have special needs related to a medical condition or disability.

We will accommodate those special needs in the event of a disaster in the following ways:

We understand that, should we need to evacuate, we are urged to take with us critical items of information, which include:

- Agency emergency contact information
- Foster child's medical information (e.g. prescriptions, recent medical reports, physicians' names and contact information, immunization history, etc.)
- Foster child's educational records
- Foster child's identifying information, including citizenship information if applicable
- Copy of the court order giving the agency custody of any children in the home at the time of the event

We understand further that, in the event of an emergency, we are required to:

- Notify Community Care Resources, Inc. at 608-827-7100 or 1-800-799-0450 *and* the county the child originates from as soon as possible with regard to the child's whereabouts and wellbeing.
- Update this disaster plan within 14 days and inform Community Care Resources, Inc. *and* the child's county of origin in the event that any of the information contained herein should change.

Foster Parent Signature: _____ Date: _____

Foster Parent Signature: _____ Date: _____

TFC Agency Representative Signature: _____ Date: _____