

Sample Letter to Family/Responsible Party Regarding Evacuation Instructions

(to be placed on facility letterhead)

Date _____

Dear Family Member/Responsible Party,

As we implement our All Hazard Emergency Plan that has been developed in conjunction with _____ (county name) County Emergency Management Office, we want to update our emergency contact information for you.

In the event of an emergency, we would like to have primary and alternate phone numbers on file for you (if we do not already have them). We would also like to have at least one other person listed as an alternate we could contact in the event of an emergency and we are unable to reach you. It would also be beneficial to list any family members who reside out of the general area or state.

Please remember that should a catastrophic event occur, phone lines may be down and cell phones inoperable. We will make every attempt to contact you and inform you of our plans to shelter-in-place or evacuate.

In the event of an evacuation, we have agreements with alternate facilities to provide care for our residents until we can safely return to _____ (your facility name). These locations are _____ (alternate facility #1 and phone number), _____ (alternate facility #2 and phone number) and _____ (alternate facility #3 and phone number).

You also have the option to take your loved one home during planned evacuations, particularly for events that provide plenty of time to prepare such as hurricanes. When you come to the facility and sign out your loved one, we will provide you with all necessary medications, medical supplies, and other items you may require while providing for their continued care. Evacuating a facility is a very daunting task that requires a lot of coordination and cooperation. Therefore, advanced notice of your plans to take your loved one home is greatly appreciated.

Thank you for your support and cooperation in assisting us as we strive to ensure our residents and our staff are protected and prepared during times of catastrophe.

Please complete the following information and return it for our records:

Responsible Party: _____
Home Phone: _____
Mobile Phone: _____
Work Phone (if applicable): _____

Alternate Emergency Contact # 1: _____

Home Phone: _____

Mobile Phone: _____

Work Phone (if applicable): _____

Alternate Emergency Contact # 2: _____

Home Phone: _____

Mobile Phone: _____

Work Phone (if applicable): _____

Out of Area/State Contact (if applicable): _____

Home Phone: _____

Mobile Phone: _____

Work Phone (if applicable): _____

Are you or someone in your family willing to take your loved home during an evacuation?

Yes

No

Thank you,

Administrator's Name

Facility Name