

CASE MANAGER EMERGENCY PREPAREDNESS PLANNING CHECKLIST

Case Manager Name: _____

Client Name: _____

Date Checklist Completed: _____

Please indicate the key emergency preparedness planning that the client has completed. Check all that apply, indicate N/A if it is not applicable and provide a brief explanation.

For additional information on emergency planning for consumers please see *Just In Case: An Emergency Preparedness Planning Guide for People Who May Need Additional Assistance* available at www.dail.vermont.gov under *Helpful Resources*.

1. _____ **Getting Started: Easy First Steps**

Please describe where the client needs to make improvements in this key area.

2. _____ **Staying Connected: Your Support Team and Emergency Contacts**

Please describe where the client needs to make improvements in this key area.

3. _____ **When the Lights Go Out: Planning for a Power Failure**

Please describe where the client needs to make improvements in this key area.

4. _____ **If You Need to Stay Home: Have Your Emergency Supplies in Place**

Please describe where the client needs to make improvements in this key area.

5. _____ **If You Need to Go: Planning for Evacuation**

Please describe where the client needs to make improvements in this key area.

6. _____ **Your Medicines: Don't Forget Them!**

Please describe where the client needs to make improvements in this key area.

7. _____ **Man's Best Friend: Emergency Planning for Service Animals and Pets.**