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| C:\Users\Julie.Cubert\Desktop\State Seal EDIt.png | **Kentucky Department for Community Based Services**  **CHFS Emergency Preparedness Plan** |

Foster/Adoptive Family:

Address:

Phone/Cell:

Email:

**In the case of an emergency please contact your local office and after hours contacts.**

Where would you and your family go in case of an emergency?

|  |  |
| --- | --- |
| Nearby Location Name |  |
| Address |  |
| Phone #/Email |  |

|  |  |
| --- | --- |
| Out of Area Location Name |  |
| Address |  |
| Phone #/Email |  |

Who could CHFS contact to find out your whereabouts if you and your family were displaced?

|  |  |
| --- | --- |
| Relative/Friend Name |  |
| Address |  |
| Phone #/Email |  |

List of essential items that the foster family will take if evacuated. (Example: Medications, Medical equipment, Medical Passports, etc.)

**If your local office is unable to be contacted please call 1-800-232-5437 to notify CHFS of your whereabouts and contact information if your family has been displaced**