



Chino Valley Independent Fire District Family Disaster Plan Guide



Planning today for a safer tomorrow



Family Disaster Plan

Household Members

Name	Date of Birth	SS Number	Cell phone #	Physician	Dentist
				Phone:	Phone:
				Phone:	Phone:
				Phone:	Phone:
				Phone:	Phone:
				Phone:	Phone:

Pets

Name	Rabies Vaccine Date/Number	Veterinarian
		Phone:
		Phone:



Family Disaster Plan

Household Information

Home Address _____

Home Phone _____ Email _____

Home Insurance Company _____

Agent _____ Phone Number _____

Vehicle Information

Vehicle #1: Make: _____ Model _____ Year _____ Licence # _____

Vehicle #1: Make: _____ Model _____ Year _____ Licence# _____

Vehicle #1: Make: _____ Model _____ Year _____ Licence # _____

Vehicle #1: Make: _____ Model _____ Year _____ Licence # _____

Vehicle #1: Make: _____ Model _____ Year _____ Licence # _____

Vehicle Insurance Company _____

Agent _____ Phone Number _____



Family Disaster Plan

Emergency Numbers:

CALL 911 FOR EMERGENCIES

Note: After a disaster, 911 may not be working. Use the following numbers if necessary

Poison Control: **1-800-221-1112**

Fire Department Name: Chino Valley Independent Fire District Phone: 909-902-5260

Police Department Name: _____ Phone: _____

Ambulance Name: _____ Phone: _____

Hospital Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____



Family Disaster Plan

Utility and Service Contracts

Electric Company: _____ Phone: _____
Account Number: _____ After hours phone: _____
Mailing Address: _____ Website _____

Gas Company: _____ Phone: _____
Account Number: _____ After hours phone: _____
Mailing Address: _____ Website _____

Water/Sewer Company: _____ Phone: _____
Account Number: _____ After hours phone: _____
Mailing Address: _____ Website _____

Phone Company: _____ Phone: _____
Account Number: _____ After hours phone: _____
Mailing Address: _____ Website _____

Cell Phone Company: _____ Phone: _____
Account Number: _____ After hours phone: _____
Mailing Address: _____ Website _____



Family Disaster Plan

Other Insurance Information

Insurance Policy Type: _____
Insurance Company Name: _____ Agent: _____
Policy Number: _____ Phone Number _____

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Insurance Company Name: _____ Agent: _____
Policy Number: _____ Phone Number _____

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Insurance Company Name: _____ Agent: _____
Policy Number: _____ Phone Number _____

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Insurance Company Name: _____ Agent: _____
Policy Number: _____ Phone Number _____

Insurance Policy Type: _____
Insurance Company Name: _____ Agent: _____
Policy Number: _____ Phone Number _____



Family Disaster Plan

Family/Friends/Neighbors

Out of Area Contacts Name:	Address	Phone	Email
		Home: _____ Work: _____ Cell: _____	
		Home: _____ Work: _____ Cell: _____	
		Home: _____ Work: _____ Cell: _____	
		Home: _____ Work: _____ Cell: _____	
		Home: _____ Work: _____ Cell: _____	

Identify two (2) Neighbors. Agree to check on each other

Name	Address	Phone	Email
		Home: _____ Work: _____ Cell: _____	
		Home: _____ Work: _____ Cell: _____	

Important: During a disaster, use your phone for emergencies only. Local phone lines may be busy. Make one call out-of-area to report in. Let this person notify others.



Family Disaster Plan

Employment and School Contacts

Household Member: _____
Place of Employment/School: _____
Address: _____ Phone: _____

Household Member: _____
Place of Employment/School: _____
Address: _____ Phone: _____

Household Member: _____
Place of Employment/School: _____
Address: _____ Phone: _____

Household Member: _____
Place of Employment/School: _____
Address: _____ Phone: _____

Household Member: _____
Place of Employment/School: _____
Address: _____ Phone: _____



Family Disaster Plan

Reunion Procedures

Identify and discuss with household members a reunion place if a disaster prevents anyone from entering the home. Reunion and evacuation procedures need to include children at school and house members with disabilities. Talk to school officials. Write down procedures

Meeting Place _____

When Family is NOT home, priority location _____

(Leave a note in a designated place that states where you will be. Leave note with a neighbor, relative, or at a school, shelter, etc.)

Important Notes and Procedures: _____



Family Disaster Plan

Medications and Pharmacy

Household Member _____ Allergies _____
Physician/Pharmacy _____ Phone _____
Medication _____ Directions _____
Medication _____ Directions _____
Medication _____ Directions _____
Medication _____ Directions _____

Household Member _____ Allergies _____
Physician/Pharmacy _____ Phone _____
Medication _____ Directions _____
Medication _____ Directions _____
Medication _____ Directions _____
Medication _____ Directions _____

Household Member _____ Allergies _____
Physician/Pharmacy _____ Phone _____
Medication _____ Directions _____
Medication _____ Directions _____
Medication _____ Directions _____
Medication _____ Directions _____



Family Disaster Plan

Home Layout/Diagram

Draw a layout of your home. Include utility shutoffs and safety equipment like fire extinguishers, disaster supplies, etc.