



HENDRY COUNTY, FLORIDA

Family Emergency Plan

PrepareHendry.com
863.674.5400

Name: _____

Date Prepared: _____

INFORMATION RESOURCES

Reliable sources of accurate, timely information are critical to developing and implementing your plans. The resources below have been developed by Hendry County Emergency Management to assist in developing your plans and keeping you informed.

Printed Information is available from many sources, including many local fire departments, government offices, public libraries and Hendry County Emergency Management. Among the best of these printed materials is the **All Hazards Guide** available on the Hendry County Emergency Management website (PrepareHendry.com).

Conventional Websites

WEBSITE	SERVICES AVAILABLE
PrepareHendry.com (Emergency Information)	Prepare Hendry Emergency Notification System Know your evacuation zone information Medical Needs Shelter Application All Hazards Guide Emergency Information
Social Media	
Twitter	Follow Hendry County Emergency Management– the official account of the Hendry County Emergency Operations Center (twitter.com/HendryCountyGov)
Facebook	Like the Hendry County Emergency Management page https://www.facebook.com/hendrycountyemergencymanagement/

PREPAREDNESS CHECKLIST

Done	To Do	N/A	Inspect Your Home <i>(Security/Fire/Weather)</i>
			Confirm that house numbers are easily visible from the street
			Make sure outside lights work properly
			Remove/Trim items that could conceal persons near your home
			Clean and Maintain a 30 foot fire buffer around your home
			Clean gutters of flammable material
			Inspect Roof – from top (shingles, tiles, vents, etc.)
			Inspect Roof – from attic (roof anchors, sheathing, etc.)
			Inspect Storm Shutters / Window Protection (include tools)
			Inspect Garage Door and Bracing (include tools)
			Identify utility shut offs and how to operate them (include tools)
			Identify any special tools required and their location
			Inspect and prune or remove trees that could fall on your house
			Consider creating a safe room
			Make any required repairs or improvements

Done	To Do	N/A	Create Your Plan(s) and Prepare Your Kit:
			Review or develop your family FIRE SAFETY plan
			Review or develop your family HURRICANE plan
			Secure waterproof containers for documents and supplies
			Secure coolers for food and ice (wheels and pull handles help)
			Purchase a landline (old fashioned) phone if you don't have one
			Rotate and replace items from your supply kit to current use

Done	To Do	N/A	Inventory Household Contents and Review Insurance:
			Make an itemized inventory of your belongings
			Photograph/video tape your possessions (with date if possible)
			Review and update your insurance policies as needed
			Record policy numbers and claims telephone number
			Copy important records for your supply kit

Done	To Do	N/A	Other Special Considerations:
			Plan for any special medical needs you may have
			Update pet/service animal vaccinations and records
			Make plans for boats and/or RVs

FIRE SAFETY PLAN

Fires are one of the most common major home emergencies, so a fire safety plan is one of the most important parts of your preparedness efforts. With preparation and practice you can survive a fire and return to normal more easily. Practice your plans at least once per year and anytime something changes with your home or family.

One of the most important pieces of safety equipment you can own is a working smoke detector. Treat all alarms as real until proven otherwise. If you smoke detector sounds, evacuate quickly. Entire houses can become involved in fire in minutes. Plan for and practice evacuations.

Consider babies and small children; elderly persons and/or others with limited mobility as well as pets. How will these be evacuated and who is responsible. If you evacuate, do not re-enter the building, for any reason, until it is determined to be safe. Make your way to, and remain at, your predetermined evacuation location. Your evacuation location should be well away from the structure AND safely away from arrival routes for first responders.

Your local fire department may have additional resources and programs that can assist you in developing your fire safety plans. Contact them on their business line to find out about these additional resources.

Done	To Do	N/A	Considerations:
			Inspect and test smoke detectors at least monthly
			Replace smoke detector batteries every six months
			Inspect fire extinguishers (condition and location)
			Consider escape ladder(s) in second floor locations
			Is everyone trained to use fire extinguishers and escape ladders
			Create an evacuation plan for anyone with limited mobility
			Identify a meeting location if you evacuate
			How will reunite with family if you become separated

RENDEZVOUS AND ALTERNATE COMMUNICATION PLANS

Families could get separated during an emergency. List a local place to meet if you can't get back home. What should your children do if they are separated and cannot return home? Where should they go? Do you have good quality, recent pictures of your children with you?

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Local communication systems may fail. Text messages may work when phone calls do not. Develop other alternate communication plans. Choose a local and an **out-of-state contact**. Provide them your contact information and tell others to contact them if they cannot contact you.

LOCAL CONTACT NAME	TELEPHONE NUMBER
RELATIONSHIP	ADDRESS
OUT-OF-STATE CONTACT NAME	TELEPHONE NUMBER
RELATIONSHIP	ADDRESS

Identify a primary and secondary evacuation location and travel route.

PRIMARY EVACUATION DESTINATION	SECONDARY EVACUATION DESTINATION
PRIMARY EVACUATION ADDRESS	SECONDARY EVACUATION ADDRESS
PRIMARY DESTINATION TRAVEL ROUTE	SECONDARY DESTINATION TRAVEL ROUTE

PREPARE YOUR DOCUMENTS

Have	Need	N/A	IMPORTANT DOCUMENTS for EVERYONE
			Driver's License / Personal Identification
			Military ID / DD214
			Passports / Green Card / Naturalization Documents
			Social Security Cards
			Health and Medical Insurance Documents
			Disabilities Services Documentation
			Marriage Certificates
			Will / Power of Attorney
			Deed or Lease (for proof of residence)
			Vehicle Registration / Titles / Proof of Insurance
			Property Insurance Documents
			Life Insurance Documents

Have	Need	N/A	IMPORTANT DOCUMENTS for CHILDREN
			Birth Certificates
			Social Security Cards / Identification Cards
			Good Quality, Recent Photograph (digital preferred)
			Immunization Records
			Health and Medical Insurance Documents
			Child custody documents (if applicable)
			Last Report Card

Have	Need	N/A	IMPORTANT MISCELLANEOUS DOCUMENTS
			Inventory of Household Items
			Backup Computer Data.
			Map of the area and places you could go if you evacuate
			Local telephone directory
			Your list of telephone numbers and addresses
			Contact information for you primary doctor and dentist

HOUSEHOLD OPERATING AND FINANCIAL INFORMATION

Bank Account - Checking	BANK NAME
ACCOUNT NUMBER	EMERGENCY TELEPHONE NUMBER

Bank Account - Savings	BANK NAME
ACCOUNT NUMBER	EMERGENCY TELEPHONE NUMBER

Brokerage Account / IRA	BANK NAME
ACCOUNT NUMBER	EMERGENCY TELEPHONE NUMBER

Credit Card 1	BANK NAME
ACCOUNT NUMBER	EMERGENCY TELEPHONE NUMBER

Credit Card 2	BANK NAME
ACCOUNT NUMBER	EMERGENCY TELEPHONE NUMBER

Mortgage Company	COMPANY NAME
ACCOUNT NUMBER	EMERGENCY TELEPHONE NUMBER

Power Company	COMPANY NAME
ACCOUNT NUMBER	EMERGENCY TELEPHONE NUMBER

Water Company	COMPANY NAME
ACCOUNT NUMBER	EMERGENCY TELEPHONE NUMBER

Health and Medical Insurance	NAME
Account Number	EMERGENCY TELEPHONE NUMBER

PLAN FOR INSURANCE NEEDS

Flood insurance is a good idea even if it is not required by your mortgage company. You may need two separate policies. One covers the structure and the other covers the contents.

What is the estimated market value of your home?	
Does your policy provide full replacement value for your home?	
What is your total deductible amount (This will be your out-of-pocket cost.)	
Have you reviewed your insurance coverage within the last two years?	

What is the estimated value of the contents of your home?	
Does your policy provide full replacement cost for your contents?	
What documentation is required for your contents and property?	
Do you have a list of your belongings with pictures and documentation?	
Do you have additional riders for special items or increased coverage?	
Do you have an Additional Living Expense rider in your insurance policy?	

Flood Insurance - Structure	COMPANY NAME
POLICY AMOUNT	POLICY NUMBER
DEDUCTIBLE AMOUNT	TELEPHONE NUMBER FOR CLAIMS

Flood Insurance – Contents	COMPANY NAME
POLICY AMOUNT	POLICY NUMBER
DEDUCTIBLE AMOUNT	TELEPHONE NUMBER FOR CLAIMS

Homeowner's / Renters Insurance	COMPANY NAME
POLICY AMOUNT	POLICY NUMBER
DEDUCTIBLE AMOUNT	TELEPHONE NUMBER FOR CLAIMS

Homeowner's Insurance - Wind (if separate)	COMPANY NAME
POLICY AMOUNT	POLICY NUMBER
DEDUCTIBLE	TELEPHONE NUMBER FOR CLAIMS

PREPARE YOUR SUPPLIES

Have	Need	N/A	BASIC SAFETY EQUIPMENT
			NOAA Weather Radio
			First Aid Kit and Instruction Book
			Landline Telephone (does not require electricity or batteries)
			Battery Powered LED Lanterns or Chemical Light Sticks (no candles)
			Flashlights (LED type saves batteries)
			Whistle (to signal for help if needed)
			Extra Batteries and Car Chargers for all electronics

Have	Need	N/A	BASIC TOOLS
			Basic Tool Kit (hammer, wrenches, screwdrivers, pliers, etc.)
			Specialized Tools (for water or gas valves, etc.)
			Plastic Tarps (with grommets) or Roll Plastic Sheeting
			Assorted Screws, Nails and Other Fasteners
			Duct Tape
			Canvas or Leather Work gloves

Have	Need	N/A	SANITATION / CLEAN UP SUPPLIES
			Unscented Bleach (for clean-up and to disinfect water)
			Water for Cleaning
			Assorted Cleaners, Sanitizers and Disinfectants
			Rubber Gloves, Hand Sanitizer, masks
			Brushes, Brooms and Mops
			Towels and Rags
			Plastic Garbage Bags
			Bucket (with tight fitting lid) for Emergency Toilet
			Toilet Paper / Paper Towels / Sanitary Supplies
			Wet Wipes and Disinfecting Wipes

Have	Need	N/A	PET / SERVICE ANIMAL
			Water (one gallon per day for seven days for each animal)
			Cage or Carrier for Each Animal
			Food / Treats
			Toys / Comfort Items
			Clean Up Supplies
			Identification / Immunization Records / Photographs

PREPARE YOUR SUPPLIES

Have	Need	N/A	PERSONAL ITEMS
			Sleeping Bags and/or Pillows and Blankets
			Lawn Chairs / Folding Chairs
			Hot and Cold Weather Clothing
			Sturdy Closed-toe Work Shoes (not sandals or flip-flops)
			Raingear
			Personal Hygiene (toothbrush, toothpaste, soap, deodorant, etc.)
			Medications (Prescription and Over-The-Counter)
			Spare Eyeglasses or Contacts and Cleaning Solution
			Hearing Aid (spare batteries)
			Entertainment (cards, books, quiet games, tablet, batteries)
			Baby / Infant Needs (Diapers, Formula, Baby Food, Cereal)

Have	Need	N/A	FOOD SERVICE NEEDS
			Drinking Water (one gallon per day per person for 7 days)
			Non-perishable Food
			Manual Can Opener
			Juice / Soft Drinks / Instant Coffee or Tea / Dry Milk
			Camp Stove, Grill (with fuel) Outdoor Use Only
			Lighter/Waterproof Matches
			Pots / Pans / Cooking Utensils
			Aluminum Foil
			Disposable Plates, Cups and Cutlery
			Plastic Wrap / Zip Lock Bags / Garbage Bags
			Cooler for Food Storage (Wheels make moving easier)
			Cooler to Transport Ice. (Wheels make moving easier)
			Freeze water in jugs or zip lock bags to keep food cool

Have	Need	N/A	MISCELLANEOUS ITEMS
			Spare Keys (complete set for home, vehicles and boats)
			Pens / Pencils and Paper
			Important Papers
			Keepsakes / Significant Photos
			Coins, Cash, Credit Cards and/or Travelers Checks
			Prepaid Telephone Card(s)
			Maps and Evacuation Information
			Books, games and other quiet entertainment

PLAN FOR BABIES

(Use the table to calculate how much you need. Keep at least a one week supply on hand.)

Baby Formula		
AMOUNT USED DAILY:	MULTIPLY BY 7 DAYS:	AMOUNT NEEDED PER WEEK:
BABY BOTTLES / NIPPLES		
AMOUNT USED DAILY:	MULTIPLY BY 7 DAYS:	AMOUNT NEEDED PER WEEK:
BABY FOOD		
AMOUNT/JARS USED DAILY:	MULTIPLY BY 7 DAYS:	AMOUNT NEEDED PER WEEK:
Sterile Water / Water		
AMOUNT USED DAILY:	MULTIPLY BY 7 DAYS:	AMOUNT NEEDED PER WEEK:
Baby Diapers		
AMOUNT USED DAILY:	MULTIPLY BY 7 DAYS:	AMOUNT NEEDED PER WEEK:
Baby Wet Wipes		
AMOUNT USED DAILY:	MULTIPLY BY 7 DAYS:	AMOUNT NEEDED PER WEEK:

BABY MEDICATION LOG

NAME OF MEDICATION	DOSAGE AND TIMES	REASON FOR TAKING	SIZE, SHAPE, COLOR
PRESCRIBED BY DOCTOR	DOCTOR TELEPHONE	REFILL NUMBER	PHARMACY AND TELEPHONE

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Be Sure to Include Other Important Baby Items:		
Car Seat	Portable Crib / Bedding	Stroller / Carrier
Blankets	Clothing	Pacifier / Toys

MENU PLANNER

Plan a 7 day menu for your family. Avoid items that require refrigeration.
Create a list of supplies, go shopping and pack in your hurricane kit.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Breakfast							
Lunch							
Dinner							
Snacks							

PLAN FOR SPECIAL MEDICAL NEEDS

Do you take any prescription medicines? If yes, list them on the MEDICATION LOG

Do you take any over the counter medicines? If yes, list them on the MEDICATION LOG

Do you have at least a two week supply of your medicine? How will you get your medicine replaced or refilled if it is lost or if you run out? Having original pill containers will help.
Explain Below:

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What will happen if you are away from home and your regular doctor and pharmacy? What if your doctor or regular pharmacy is affected and is not available?

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If you answer yes to some of the following questions, you should consider registering with the Hendry County Special Medical Needs Program. The service is free. Call 863.6745400 for more information.

Do any of your medicines need to be refrigerated? If yes, how will you do that without normal power (battery powered refrigerator, cooler with ice, with dry ice)? Where will you get the things you need? How long can you keep your medicine without regular power?

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SUPPLIER NAME	YOUR ACCOUNT NUMBER
NORMAL TELEPHONE NUMBER	EMERGENCY TELEPHONE NUMBER

Do you use any Durable Medical Equipment? If yes, complete the following:

SUPPLIER NAME	YOUR ACCOUNT NUMBER
NORMAL TELEPHONE NUMBER	EMERGENCY TELEPHONE NUMBER

PLAN FOR SPECIAL MEDICAL NEEDS

Do you use Oxygen? If yes, complete the following:

What is the cylinder size? Do you keep spare cylinders? How long will your supply last? How will you get more if needed? Do you have sufficient delivery equipment (cannulas, etc.)?

SUPPLIER NAME	YOUR ACCOUNT NUMBER
NORMAL TELEPHONE NUMBER	EMERGENCY TELEPHONE NUMBER

Do you use an electric wheelchair or scooter? If yes, complete the following. Do you have extra batteries?

SUPPLIER OR REPAIR SERVICE NAME	YOUR ACCOUNT NUMBER
NORMAL TELEPHONE NUMBER	EMERGENCY TELEPHONE NUMBER

Do you use a manual wheel chair or can you substitute a manual chair for your electric model if needed? If so, complete the following:

SUPPLIER OR REPAIR SERVICE NAME	YOUR ACCOUNT NUMBER
NORMAL TELEPHONE NUMBER	EMERGENCY TELEPHONE NUMBER

Depending on your chair type and specific needs, here are some additional items to consider.

- Portable Ramp
- Heavy gloves for use while possibly wheeling over broken glass and debris
- A spare battery for your chair and/or adapter for recharging your battery from a vehicle
- Tire patch kit and portable air compressor or canned "seal-in-air product" to repair flat tires
- Spare cane or walker (if appropriate) in case your chair becomes unusable.

PLAN FOR SPECIAL MEDICAL NEEDS

Do you rely on other battery powered equipment (hearing aids, alarms, phone alerts). If yes, do you have spare batteries for them? Can you get replacement batteries easily or do they have to be special ordered? If they must be special ordered, complete the following:

SUPPLIER NAME	YOUR ACCOUNT NUMBER
NORMAL TELEPHONE NUMBER	EMERGENCY TELEPHONE NUMBER

Do you use any other electrical equipment that is critical to your well-being? What will happen if you lose power? Is there a manual or battery operated substitute that you can use?

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Do you use disposable or limited use items (i.e. dressings, catheters, cannulas, adult diapers) If yes, do you have at least a two-week supply? If you run out where will you get more?

SUPPLIER NAME	YOUR ACCOUNT NUMBER
NORMAL TELEPHONE NUMBER	EMERGENCY TELEPHONE NUMBER

Do you dislike driving in heavy traffic or have problems driving? If yes, who will you rely on for transportation? If you need transportation assistance, please register with the Special Medical Needs Program for transport only.

DRIVER OR COMPANY NAME	YOUR ACCOUNT NUMBER IF NEEDED
REGULAR TELEPHONE NUMBER	EMERGENCY TELEPHONE NUMBER

If you must relocate out of this area, will your answers to the previous questions change? Do you need additional plans?

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Plan for Special Medical Needs

Do you have special dietary needs? If so, use the MENU PLANNER to develop a supply list.	YES	NO
Have you contacted all your health providers and discussed your plans with them?	YES	NO
Do health providers have complete contact information for you (routine and emergency)?	YES	NO
Have you identified your out of -area contact to them and provided contact information?	YES	NO
Do medical providers have plans to continue your care after a disaster? What are the plans?	YES	NO
If you need care in a hospital, make prior arrangements with your doctor.		

Have you completed the Special Medical Needs Application?	YES	NO
What is your Special Medical Needs Shelter assignment?		
You must have a caregiver to be in a Special Medical Needs Shelter. Who is your caregiver?		
If you do not live with them, how will you contact them?		
Do you have a Service Animal? If yes, complete the SERVICE ANIMAL FORM	YES	NO

NOTES:

MEDICATION LOG

Name of the Person Taking These Medications	Date This Form Was Completed or Updated

PRIMARY CARE PHYSICIAN	YOUR ACCOUNT INFORMATION (IF NEEDED)
REGULAR TELEPHONE NUMBER	EMERGENCY TELEPHONE NUMBER

NAME OF MEDICATION	DOSAGE AND TIMES	REASON FOR TAKING	SIZE, SHAPE, COLOR
PRESCRIBED BY DOCTOR	DOCTOR TELEPHONE	REFILL NUMBER	PHARMACY AND TELEPHONE

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PLAN FOR ANIMALS

Pet sheltering will be available in every event on a first come – first serve basis for pets and their owners residing in areas or structures under MANDATORY EVACUATION orders.

Service animals are allowed in all shelters. The owner is responsible for maintaining control of the animal and providing food, water and other animal needs.

Some motels and hotels allow pets. Research locations and include locations outside our immediate area in case local facilities are closed or full. Make your reservations early.

Helpful websites include: www.pet-friendly-hotels.com www.petswelcome.com .

Gather the following supplies. Make sure you have separate supplies for each animal. Even animals that normally get along well together should be handled and caged separately.

- A sturdy cage or carrier for each animal. Label it with your contact information.
- One week supply of food and water in spill proof containers with a manual can opener
- Non-spill food and water bowls
- Medications (including heartworm and flea and tick preventative)
- Leash with collar and/or harness and a muzzle for cats and dogs
- Comfort items (favorite toy, blanket, treats)
- Sanitary clean-up supplies (cat litter, pan and scoop, plastic bags, paper towels, newspaper)
- First Aid kit and Manual (available at pet stores or contact your vet)

Gather and store important records and documents in waterproof containers.

- Ownership papers
- Recent, good quality, pictures from all angles (many animals look alike to strangers)
- Up to date Veterinary and Vaccination Records
- Make sure your animal wears a collar with rabies tags and identification tags as appropriate
- RFID information (ask your vet about this)

Collect and record important information as part of this plan.

Veterinarian Name and Emergency Telephone Number	
RFID Chip Identification Number	
Tattoo ID Number (if applicable)	
Rabies Tag Number (for each animal)	

Create a Family Hurricane Plan

A personal safety plan can make your family safer during hurricane season.

First, know your EVACUATION ZONE, designated by a single letter A, B, C, D, or E. (See the current ALL HAZARDS GUIDE or PrepareHendry.com)

Next, know your home's vulnerability to **fresh water flooding** and **wind**. Your plan is based on this knowledge. The following options will help guide your decision to stay at home or evacuate.

Option A: Stay at home. If your home can withstand the expected winds, and you are away from the coast and not in a flood prone area, consider staying home. ***Never stay in your home if your area is under an EVACUATION ORDER.***

Option B: Stay with a relative, friend, or hotel outside the evacuation area. If you plan to do this, make arrangements in advance. Consider where you will go if the friend or relative is not home.

Option C: Relocate out of the area. Local officials will tell you which evacuation routes to use. Plan your route ahead of time, also plan alternate routes. Include maps and directions in your hurricane kit. Leave early to avoid high winds and flooding.

Option D: Go to a public shelter if you have no safe place to go. Local media will announce which shelters are open. Do not wait until the last minute to learn the route to the shelter. **Remember going to a shelter should be your last resort.**

- **Evacuate if ordered.**
- **If you live in an older mobile home or on a boat, you must evacuate.**
- **Execute your family plan.**
- **Respond quickly but without panic.**

Gather and record important information in this booklet to create your Family Hurricane Plan. This plan will help you and your family prepare for Hurricane Season. After your plan is complete, discuss it with everyone involved and keep a copy in your Hurricane Kit.

HURRICANE PREPAREDNESS CHECKLIST

What is the Storm Surge Evacuation Zone where your home is located?	
What is the finished floor elevation for your home's first floor?	

YES	NO
	I live in a Storm Surge Evacuation Zone A.
	I live in an older mobile or manufactured home.
	I live in an RV or onboard a boat.
	I live on an island.
<p>If you answered YES to any of these, you are in the group most likely to be evacuated for any storm because you are at risk for both wind and surge. You will be among the first to evacuate. Keep your plan handy, prepare your supplies, and evacuate immediately if ordered.</p>	

YES	NO
	My home does not have storm shutters or other code approved window protection.
	My home does not have a hurricane rated garage door.
	My home has a gabled roof.
<p>If you answered yes to any of these questions, you should protect and strengthen those areas. If you have not addressed these, you should probably evacuate.</p>	

YES	NO
	I am required to purchase flood insurance.
	My home was built prior to 2003.
	There are large trees that could hit my house if they blew over.
	My home has two or more stories constructed of different materials. (i.e. CBS lower story and wood framed upper story)
	I live in a building with an elevator and would have a hard time getting in and out if the elevator did not work.
<p>If you answered yes to any of these questions, you or your home may be vulnerable to the impact of a hurricane. You should consider evacuation.</p>	

HURRICANE PREPAREDNESS CHECKLIST

Hurricane Season

Done	To Do	N/A	June 1 st or Just Before the Start of Hurricane Season
			Review your plan before the start of hurricane season
			Get familiar with your evacuation route and preferred location
			Keep your prescriptions full and up-to-date (include OTC meds)
			Pack a First Aid Kit, include sunscreen and insect repellent
			Get a car charger (or solar charger) for your cell phone
			Post emergency numbers by each phone and in your supply kit
			Keep your vehicles fueled

Done	To Do	N/A	72 Hours before the Storm
			Hold a family meeting to discuss your plans and options
			Monitor local TV or radio and listen for evacuation orders
			Check food and other supplies
			Withdraw cash from bank
			Pay bills that are due soon
			If you plan to go to a hotel, make your reservations
			Fill your car's fuel tank, check tire pressure and fluid levels
			Write down phone numbers of family/friends
			Gather valuables to take with you or put them in a safe place
			Start freezing water in containers or zip lock bags (fill freezer)

Done	To Do	N/A	48 Hours before the Storm (Hurricane Watch Issued)
			Turn your refrigerator and freezer to the coldest setting
			Pack clothes (for hot/cool weather; sturdy shoes and rain gear)
			Move patio furniture and other loose items indoors
			Monitor TV/radio weather information
			Install window shutters
			Continue monitoring local TV/radio for current information
			Take down awnings and canopies

Done	To Do	N/A	36 - 24 Hours before the Storm (Hurricane Warning Issued)
			If you are staying in your home, put supplies in the safe room
			Fill bath tub with water (for sanitary use ... not drinking)
			Super chlorinate your swimming pool (do not drain it)
			If evacuating, pack car
			If evacuating, turn off water/electricity (empty frig / freezer on)

PLAN FOR BOATS and RVs

Do not weather the storm in your boat, RV, or mobile home. Develop a detailed plan to secure your vessel well before hurricane season. Practice your plan. Take action early. The storm's fringe activity will make preparations more difficult.

Done	<i>Do not weather the storm in your boat.</i>
	Consolidate all records (recent photo, registration, insurance policies, equipment inventory, and marina or storage agreement) and important telephone numbers.
	Check your lease or storage rental agreement. Know your responsibilities and liabilities as well as those of the marina.
	If possible, do not leave boats on davits or on a hydro lift.
	Move small boats to safe shelter or put your boat in the garage, if you have room.
	If your boat remains in berth, check the integrity of primary cleats, winches, and chocks. Use substantial backing plates and adequate stainless steel bolts.
	Double all lines with crossing spring lines fore and aft. Attach lines high on pilings to allow for surge. Protect lines from chafing with heavy duty chafing gear.
	Charge batteries for automatic bilge pumps.
	Seal all opening with duct tape to make boat as water tight as possible.
	Use heavy duty dock fenders to reduce dock and piling crash damage.
	Remove loose gear from the deck. Store it securely inside or at home.
	For a boat on a trailer, lash the boat and trailer down in a protected area. Let the air out of the tires before tying the trailer down. Place blocks between the frame and axle, inside each wheel. Secure with heavy lines to fixed objects in all 4 directions. Small boats may be filled with water for added weight after lashing down.
	Remove the outboard motor, battery, electronics and store them.

Done	<i>Do not weather the storm in your mobile home, travel trailer or RV.</i>
	Check tie downs.
	Put up storm shutters.
	Stow / Secure awnings, antennae or other attached items.
	Secure all loose articles in yards and around the unit.
	Inspect your vehicle to ensure it is roadworthy and leave early if evacuating.

Boat / RV Insurance	COMPANY NAME
POLICY AMOUNT	POLICY NUMBER
DEDUCTIBLE	TELEPHONE NUMBER FOR CLAIMS

IMPORTANT MISCELLANEOUS TELEPHONE NUMBERS

Hendry County Emergency Management	863.674.5400
Hendry County Special Needs Program	863.674.5400
Hendry County Emergency Information Hotline	211
Police non-emergency	
Fire non-emergency	
FEMA	1-800-621-3362 (telephone) 1-800-462-7585 (TTY)

NOTES AND SPECIAL INSTRUCTIONS

HOUSEHOLD INVENTORY

Home Furnishings - Review Each Room <i>(use additional pages as needed)</i>				
Item	Brand/Model	Serial Number	Date	Price
Sofas				
Chairs				
Cabinetry				
Bookcase				
Books				
Lamps				
Rugs				
Mirrors				
Curtains/Draperies				
Tables				
Telephone				
Dining Table				
Dining Chairs				
China / Silverware				
China Hutch				
Cabinetry				
Lighting				
Bed Frame				
Mattress / Springs				
Dresser / Chests				
Tables				
Curtains / Drapery				
Mirrors				
Bookcase				
Nightstands				

Family Emergency Plan



Prepare. Plan. Stay Informed.

Make sure your family has a plan in case of an emergency. Before an emergency happens, sit down together and decide how you will get in contact with each other, where you will go and what you will do in an emergency. Keep a copy of this plan in your emergency supply kit or another safe place where you can access it in the event of a disaster.

Out-of-Town Contact Name: _____

Telephone Number: _____

Email: _____

Neighborhood Meeting Place: _____

Telephone Number: _____

Regional Meeting Place: _____

Telephone Number: _____

Evacuation Location: _____

Telephone Number: _____

Fill out the following information for each family member and keep it up to date.

Name: _____

Social Security Number: _____

Date of Birth: _____

Important Medical Information: _____

Name: _____

Social Security Number: _____

Date of Birth: _____

Important Medical Information: _____

Name: _____

Social Security Number: _____

Date of Birth: _____

Important Medical Information: _____

Name: _____

Social Security Number: _____

Date of Birth: _____

Important Medical Information: _____

Name: _____

Social Security Number: _____

Date of Birth: _____

Important Medical Information: _____

Name: _____

Social Security Number: _____

Date of Birth: _____

Important Medical Information: _____

Write down where your family spends the most time: work, school and other places you frequent. Schools, daycare providers, workplaces and apartment buildings should all have site-specific emergency plans that you and your family need to know about.

Work Location One

Address: _____

Phone Number: _____

Evacuation Location: _____

School Location One

Address: _____

Phone Number: _____

Evacuation Location: _____

Work Location Two

Address: _____

Phone Number: _____

Evacuation Location: _____

School Location Two

Address: _____

Phone Number: _____

Evacuation Location: _____

Work Location Three

Address: _____

Phone Number: _____

Evacuation Location: _____

School Location Three

Address: _____

Phone Number: _____

Evacuation Location: _____

Other place you frequent

Address: _____

Phone Number: _____

Evacuation Location: _____

Other place you frequent

Address: _____

Phone Number: _____

Evacuation Location: _____

Important Information	Name	Telephone Number	Policy Number
Doctor(s):			
Other:			
Pharmacist:			
Medical Insurance:			
Homeowners/Rental Insurance:			
Veterinarian/Kennel (for pets):			

Dial 911 for Emergencies


Family Emergency Plan

Prepare. Plan. Stay Informed.



Make sure your family has a plan in case of an emergency. Fill out these cards and give one to each member of your family to make sure they know who to call and where to meet in case of an emergency.

Additional Important Phone Numbers & Information:

Family Emergency Plan 

EMERGENCY CONTACT NAME: _____
TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME: _____
TELEPHONE: _____


NEIGHBORHOOD MEETING PLACE: _____
TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

DIAL 911 FOR EMERGENCIES

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Additional Important Phone Numbers & Information:

Family Emergency Plan 

EMERGENCY CONTACT NAME: _____
TELEPHONE: _____


OUT-OF-TOWN CONTACT NAME: _____
TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

DIAL 911 FOR EMERGENCIES

Additional Important Phone Numbers & Information:

Family Emergency Plan 

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TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME: _____
TELEPHONE: _____


NEIGHBORHOOD MEETING PLACE: _____
TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

DIAL 911 FOR EMERGENCIES

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Additional Important Phone Numbers & Information:

Family Emergency Plan 

EMERGENCY CONTACT NAME: _____
TELEPHONE: _____

OUT-OF-TOWN CONTACT NAME: _____
TELEPHONE: _____

NEIGHBORHOOD MEETING PLACE: _____
TELEPHONE: _____

OTHER IMPORTANT INFORMATION: _____

DIAL 911 FOR EMERGENCIES