



Green Mountain Guide for Emergency Planning



My Personal Safety in an Emergency Kit (Updated 7/8/2022)

Additional Information Cards

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Emotional/
Behavioral | <input type="checkbox"/> Medical/Allergies | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Assistive
Technology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Communication/
Understanding | <input type="checkbox"/> Deaf/
Hard of Hearing | |



**Developed by The Green Mountain
Emergency Preparedness Project
(GMEP)**

**A Project of the Center on
Disability and Community Inclusion,
University of Vermont**

**Funded by Family Support 360
Special Initiatives Grant from the
Administration on Developmental
Disabilities.**

Grant # 90DN0250/01

In Collaboration with:

- Vermont Family Network
- Vermont Federation of Families for Children's Mental Health
- Green Mountain Self-Advocates
- Vermont Center for Independent Living
- Family Resource Consultants of the Vermont I-Team
- Hannah Gallivan, Bristol VT
- And other individuals with disabilities and their families.

Feeling Safe, Being Safe

Making your own plan

This tool will help you prepare for an emergency and make sure others understand your special needs and offer correct and useful assistance to you.

In developing your kit you will want to think about general information and also information that is very specific to you. Several specialty pages are included.

You will want to think of:

- Important People To Call
- Being Safe At Home
- A Safe Place To Go
- What You Need to Have At Home
- What You Need to Take With You

You will need to gather **copies** of important documents and information. If you need help gathering information contact someone who supports you.

Remember to get both your Stay and Go Kits ready and keep them in a place you can get to quickly.

Tip

**Being Safe...Feeling Safe
=
Being Prepared**

Local Contact Information

911	
Police	
Fire	
Ambulance	
Other	

Additional Information Cards

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Emotional/
Behavioral | <input type="checkbox"/> Medical/Allergies | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Assistive
Technology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Communication/
Understanding | <input type="checkbox"/> Deaf/
Hard of Hearing | |

People Who Know Me

First Person to Call Address Phone Email Address	
Local Family, Friend or Emergency Buddy Address Phone Email Address	
Agency Contact Address Phone Email Address	
Trusted Neighbor Address Phone Email Address	
Out of State Friend or Family Address Phone Email Address	



Tip

Additional Information Cards

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Emotional/
Behavioral | <input type="checkbox"/> Medical/Allergies | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Assistive
Technology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Communication/
Understanding | <input type="checkbox"/> Deaf/
Hard of Hearing | |

Information About Me

Name	
Address	
Phone	
My way of Communicating	
Best Way to Talk With Me	
Best Way to Help Me	
How I Respond to Stress	

Things I Need













Additional Information Cards

 Emotional/
Behavioral

 Medical/Allergies

 Vision

 Mobility

 Assistive
Technology

 Other

 Communication/
Understanding

 Deaf/
Hard of Hearing

More Information About Me

Dr.'s Names Addresses Phone numbers	
Health Insurance Policy Number Phone Number	
Medications Taken (Keep a Copy of Your Prescription in Kit)	
Pharmacy Number	

**Keep Your Info
Up To Date**

Tip

Additional Information Cards

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Emotional/
Behavioral | <input type="checkbox"/> Medical/Allergies | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Assistive
Technology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Communication/
Understanding | <input type="checkbox"/> Deaf/
Hard of Hearing | |

Emotional/Behavioral

Different mental health issues/diagnoses can get in the way during an emergency. Explain/list things here that can assist others in working with you.

Checklist Items (Things That Help You)

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Additional Information Cards

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Emotional/
Behavioral | <input type="checkbox"/> Medical/Allergies | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Assistive
Technology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Communication/
Understanding | <input type="checkbox"/> Deaf/
Hard of Hearing | |

Communication/Understanding

Please list any ways of communicating that you can come up with that may be helpful during an emergency (for example: "one thing at a time"; "give me time to respond").

When someone tells you something, what is the best way for them to explain it to you so you can understand (for example, ASL, communication boards)?

Include samples of visual cards / communication tools for example.

Checklist Items (Things That Help You)

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Additional Information Cards

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Emotional/
Behavioral | <input type="checkbox"/> Medical/Allergies | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Assistive
Technology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Communication/
Understanding | <input type="checkbox"/> Deaf/
Hard of Hearing | |

Assistive Technology

Please list here information regarding your equipment or devices. Include quick reference cards/instruction and/or contact phone numbers for replacement parts and supplies or operating instructions.

Checklist Items (Things That Help You)

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Additional Information Cards

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Emotional/
Behavioral | <input type="checkbox"/> Medical/Allergies | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Assistive
Technology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Communication/
Understanding | <input type="checkbox"/> Deaf/
Hard of Hearing | |

Service Animals

Please list here information regarding your service animal(s). You may also include quick reference cards/instructions and/or contact phone numbers for your dog's vet, contact information for someone who is experienced in handling your animal, your animal's medications, what your dog helps you with, and what you want people to know about your dog.

Animal's Name:

Breed:

Color:

Size:

Checklist Items (Things That Help You)

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

- food, including any medically tailored food
- food and water bowls (collapsible works well!)
- copies of vaccination information/ health records
- waste pickup bags
- ID tags, collar and harness
- working vest if your animal wears one (and extra one if you have it)
- bed
- medications
- treats
- grooming supplies (e.g. brush, nail trimmer)

Additional Information Cards

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Emotional/
Behavioral | <input type="checkbox"/> Medical/Allergies | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Assistive
Technology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Communication/
Understanding | <input type="checkbox"/> Deaf/
Hard of Hearing | |

Deaf/Hard of Hearing

Explain how you communicate. List interpreter contact information / or VP service numbers. Perhaps include a pocket ASL guide or Fingerspelling chart.

Checklist Items (Things That Help You)

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Additional Information Cards

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Emotional/
Behavioral | <input type="checkbox"/> Medical/Allergies | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Assistive
Technology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Communication/
Understanding | <input type="checkbox"/> Deaf/
Hard of Hearing | |

Vision

Please list information others may need to know. Do you have an eye doctor as well? You could include their contact information here.

Checklist Items (Things That Help You)

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Additional Information Cards

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Emotional/
Behavioral | <input type="checkbox"/> Medical/Allergies | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Assistive
Technology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Communication/
Understanding | <input type="checkbox"/> Deaf/
Hard of Hearing | |

Mobility

You need assistance getting around. List things here that are important for you and your equipment, such as part replacements and batteries.

Checklist Items (Things That Help You)

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Additional Information Cards

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Emotional/
Behavioral | <input type="checkbox"/> Medical/Allergies | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Assistive
Technology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Communication/
Understanding | <input type="checkbox"/> Deaf/
Hard of Hearing | |

Medical/Allergies

Please list here any special medical or allergic information that you would need someone to know if you couldn't tell them. Also include where to get specialized supplies or equipment that you may need.

Checklist Items (Things That Help You)

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Additional Information Cards

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Emotional/
Behavioral | <input type="checkbox"/> Medical/Allergies | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Assistive
Technology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Communication/
Understanding | <input type="checkbox"/> Deaf/
Hard of Hearing | |

Other

This section can be customized and include any special information someone who doesn't know your needs should know.

Checklist Items (Things That Help You)

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

Additional Information Cards

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Emotional/
Behavioral | <input type="checkbox"/> Medical/Allergies | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Assistive
Technology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Communication/
Understanding | <input type="checkbox"/> Deaf/
Hard of Hearing | |

Stay Kit

Prepare a kit so you can be safe at home. A **3 Day Supply** is a good start. Any documents in the kit should be copies. The checklist is common items to think about. Add other items to your list that are special for you.

Your Green Mountain Guide to Emergency Planning

- Water
- Food
- Extra Clothes
- Shoes/Boots
- Coat
- Gloves



- Service Animal Supplies
- Meds for 1 Week
- First Aid Kit
- Extra Glasses
- Games & Books
- Soap/Tissues/Hand Cleaner

- Whistle
- Garbage Bags
- Flashlight
- Radio
- Batteries
- Candles/Matches/Lighter



- Copy of Insurance Cards
- Copy of Driver's License/ID Card
- Cash
- Notebook & Pen
- Extra Keys to House or Car
- Copy of Birth Certificate

Add Your Own Items

<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	



Additional Information Cards

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Emotional/
Behavioral | <input type="checkbox"/> Medical/Allergies | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Assistive
Technology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Communication/
Understanding | <input type="checkbox"/> Deaf/
Hard of Hearing | |

Go Kit

Prepare a kit if you need to go/evacuate. A **3 Day Supply** is a good start. Any documents in the kit should be copies. The checklist is common items to think about. Add other items to your list that are special for you.

Your Green Mountain Guide to Emergency Planning

- Water
- Snacks (that won't spoil)
- Change of Clothes
- Shoes/Boots
- Coat
- Gloves



- Service Animal Supplies
- Meds for 1 Week
- First Aid Kit
- Extra Glasses
- Games & Books
- Soap/Tissues/Hand Cleaner



- Whistle
- Garbage Bags
- Flashlight
- Radio
- Batteries
- Candles/Matches/Lighter



- Emergency Blanket
- Pictures of Family/Friends
- Comfort Item (Stuffed Animal/Book/Etc)

- Copy of Insurance Cards
- Copy of Driver's License/ID Card
- Cash
- Notebook & Pen
- Extra Keys to House or Car
- Copy of Birth Certificate



**Label Pictures
With Name, Address & Phone**

Add Your Own Items

- _____
- _____
- _____
- _____
- _____
- _____

Tip

Additional Information Cards

- | | | |
|--|---|---------------------------------|
| <input type="checkbox"/> Emotional/
Behavioral | <input type="checkbox"/> Medical/Allergies | <input type="checkbox"/> Vision |
| <input type="checkbox"/> Mobility | <input type="checkbox"/> Assistive
Technology | <input type="checkbox"/> Other |
| <input type="checkbox"/> Communication/
Understanding | <input type="checkbox"/> Deaf/
Hard of Hearing | |

