

Emergency Preparedness Guide



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UNIVERSITY OF MISSOURI
 Extension

Emergency Preparedness Guide

This booklet belongs to:



Being Prepared

Allen has been married for 40 years. He always managed the family farm and finances. But since his stroke, Allen can't walk or talk. His wife, Elizabeth, feels overwhelmed. She's worried about Allen's health. But on top of that, she has no idea about how to run the family farm or what bills should be paid or when they are due.

Eighty-year-old Marjorie lives alone on the family farm. One night, she fell in the bathroom and broke her hip. She spent a week in the hospital and over 2 months in a rehabilitation nursing home. Even though her son lives across the country, he was able to pay her bills and handle her Medicare questions right away. That's because several years ago, Marjorie and her son talked about what to do in case of a medical emergency. They were prepared!

Plan for the Future: Be Prepared

No one ever plans to be sick or become disabled. Yet, it's just this kind of planning that can make all the difference in an emergency. Long before she fell, Marjorie had put all her important papers in one place and told her son where to find them. She gave him the name of her lawyer as well as a list of people he could contact at her bank, doctor's office, investment firm, and insurance company. She made sure he had copies of her Medicare and other health insurance cards. She added her son's name to her checking account, allowing him to write checks from that account. His name is on her safe deposit box at the bank as well. Marjorie made sure Medicare and her doctor had written permission to talk with her son about her health or any insurance claims.

On the other hand, Allen always took care of family farm and financial matters, and he never talked about the details with Elizabeth. No one but Allen knew that his life insurance policy was in a box in the closet or that the truck title and deed to the house were filed in his desk drawer. Allen never expected his wife would have to take over. Being unprepared has made a tough situation even tougher for Allen.



Historical Record

Name _____

Soc. Sec. # _____

Birthdate _____

Birthplace (Hospital) _____

City/State _____

Name of Father _____

Birthdate _____ Dated (if deceased) _____

Father's Birthplace (city/state) _____

Name of Mother (maiden) _____

Birthdate _____ Dated (if deceased) _____

Mother's Birthplace (city/state) _____

My Present Marital Status:

single married widowed divorced

Spouse's Name _____

Maiden Name _____

Date of Marriage _____

Place of Marriage _____

(see section titles "Important Documents" for location of marriage certificate...)

Previous Marriages to (& County/State where recorded):

My Current Address _____

In state since (year) _____ In city since (year) _____

Moved From _____

Occupation/Employer/Years Employed (list most recent first)

Date of Retirement _____

Education

Preschool(s) _____

Elementary School(s) _____

Middle School(s) _____

_____ Year Graduated _____

High School(s) _____

_____ Year Graduated _____

College(s)/Dates Attended/Degrees _____

Awards/Honors _____

Veteran Information

Branch of Service _____

Place Inducted _____ Date _____

Service # _____

Boot Camp Location _____

Tour Location(s) _____

Awards/Medals _____

Name of War(s) _____

Place Discharged _____ Date _____

Rank/Rate when Discharged _____

Military Records location _____

Children, Spouses, Grandchildren or Great Grandchildren

PRINT FULL NAME

Son/Daughter _____ *Birthdate* _____

Birthplace _____ *Ph. #* _____ *Spouse* _____

Address _____

Children of this couple (address & phone number):

1. _____

2. _____

3. _____

4. _____

Son/Daughter _____ *Birthdate* _____

Birthplace _____ *Ph. #* _____ *Spouse* _____

Address _____

Children of this couple (address & phone number):

1. _____

2. _____

3. _____

4. _____

Son/Daughter _____ *Birthdate* _____

Birthplace _____ *Ph. #* _____ *Spouse* _____

Address _____

Children of this couple (address & phone number):

1. _____

2. _____

3. _____

4. _____

Son/Daughter _____ *Birthdate* _____

Birthplace _____ *Ph. #* _____ *Spouse* _____

Address _____

Children of this couple (address & phone number):

1. _____

2. _____

3. _____

4. _____

Record of Accounts [insert additional pages if needed]

CHECKING

FINANCIAL CO. _____

Address _____

Rep./ph. # _____

Account # _____

Location of papers _____

Check card # _____

Cust. Service ph. # _____

FINANCIAL CO. _____

Address _____

Rep./ph. # _____

Account # _____

Location of papers _____

SAVINGS / STOCKS / BONDS

COMPANY _____

Account # _____

Location of papers _____

Agent/ph. # _____

COMPANY _____

Account # _____

Location of papers _____

Agent/ph. # _____

COMPANY _____

Account # _____

Location of papers _____

Agent/ph. # _____

COMPANY _____

Account # _____

Location of papers _____

Agent/ph. # _____

COMPANY _____

Account # _____

Location of papers _____

Agent/ph. # _____

PENSION PLAN or 401k

COMPANY _____

Address _____

Location of papers _____

IRA or KEOUGH

COMPANY _____

Agent/Ph. # _____

Account # _____

Location of papers _____

COMPANY _____

Agent/Ph. # _____

Account # _____

Location of papers _____

COMPANY _____

Agent/Ph. # _____

Account # _____

Location of papers _____

INSURANCE POLICIES

COMPANY _____

Agent/Ph. # _____

Policy # _____

Location of papers _____

COMPANY _____

Agent/Ph. # _____

Policy # _____

Location of papers _____

COMPANY _____

Agent/Ph. # _____

Policy # _____

Location of papers _____

COMPANY _____

Agent/Ph. # _____

Policy # _____

Location of papers _____

DEBITCARDS / CREDIT CARDS

(List companies / card name)

1. _____

Card # _____

Cust. Service ph. # _____

2. _____

Card # _____

Cust. Service ph. # _____

3. _____

Card # _____

Cust. Service ph. # _____

4. _____

Card # _____

Cust. Service ph. # _____

5. _____

Card # _____

Cust. Service ph. # _____

6. _____

Card # _____

Cust. Service ph. # _____

Important Dates

This is where we list LOCATION of important papers.

Birth certificate _____

Marriage certificate(s) _____

Passport _____

Citizenship Papers _____

Negotiable papers _____

Trust Fund Info _____

Last Will & Testament _____

Mortgages / Outstanding Debts / Monies Owed You _____

Deeds to real estate / home(s) _____

Auto Title(s) _____

Home Owners Ins. Policy # _____

Location of papers _____

COMPANY _____

Agent/ph. # _____

Income Tax Report info & receipts _____

Keys/Combination/Password

(This is where we list the LOCATION-you may need the insert a sheet)

Safe Deposit Box _____

Key/combo _____ Who has access? _____

List items in your home and the location of the key(s), the combination/password,

etc. (ie. Garage door, cellar, shed, house entries, vehicles, motorized tools &

equipment, lawncare equipment, gun cabinet, file cabinets, furniture, safe,

computer, cable/satellite, TV, trunk, freezer, storage containers, trash compactor,

briefcase, jewelry box, diary, clock, etc.)

Personal Wishes & Desires

If you already have a "pre-arrangement plan," list the funeral home & phone—

Do you wish to be cremated? yes no

Do you have cemetery property? yes no

Cemetery property & address: _____

Lot # _____ space # _____

Would you prefer your service at:

the funeral home the church other

Funeral Home _____

Church _____

Minister & Ph. # _____

Your choice for minister/priest/rabbi _____

Are there any readings or scriptures that are special to you?

Many people have a favorite song or hymn. What's yours?

Any tribute display such as flag flowers, VFW Funeral, old hat,

book, etc.? _____

Some families prefer a memorial donation instead of flowers. What are

you feelings on this? Flowers Both Memorial Donation

Memorial Donation (to) _____

What clothing/outfit would you prefer? _____

Would you like to wear jewelry? yes no

To be removed? yes no

Leave on: (which) _____

Would you like to wear your eye glasses? yes no

To be removed before casket is closed? yes no

Most families prefer to have friends, neighbors, or relatives serve as active or honorary pallbearers. Who would you prefer?

Active Pallbearers: (name & phone)

1. _____

2. _____

3. _____

4. _____

5. _____

Others _____

Legal Instruments

(This is where we list the LOCATION of important papers)

Do you have a living will? yes no

Location _____

Prepared by _____

Do you have a **Living Trust**? yes no

Location _____

Prepared by _____

If YES, you legally need a copy filed in/with the following places:

on your person at all times

with your attorney

physician(s)

hospital(s)

ambulance districts(s)

Do you have a **Durable Power of Attorney** to serve as your agent to act on your behalf if you are declared "unable to make

decisions?" (declared "unable" by 2 doctors) yes no

Who has **Power of Attorney**? _____

Address _____

Phone # _____

Prepared by _____

(The above prevents having the court appoint someone to do this.)

Others to notify at my death

Name/ph. # _____

Name/ph. # _____

Name/ph. # _____

Name/ph. # _____

Name/ph. # _____

Name/ph. # _____

Name/ph. # _____

Name/ph. # _____

Name/ph. # _____

Name/ph. # _____

Name/ph. # _____

Miscellaneous Details I Feel Are Important for the Record:

Obituary

If you wish to write your own obituary, please do so here:

Good Samaritans

This is where we list your closest friends (address & phone #) in the event your family needs help at the time of need by:

- * Notifying Friends*
- * Handling sympathetic phone calls*
- * Running errands*
- * Helping out-of-town guests*

1. _____

2. _____

3. _____

4. _____

5. _____

In the event it becomes necessary, the preceding information documents my personal wishes and desires.

Signature _____ *Date* _____

Instructions for Completing HIPAA Privacy Authorization Form

If you would like some person other than yourself to have access to your medical records and information, and allow health care providers to release such information to that person, you must authorize the release of the information in writing. Since a Durable Power of Attorney for Health Care is only effective after you have lost your capacity to make or communicate decisions, the Power of Attorney does not authorize release of medical information to the person named while you remain competent. If you want some person other than yourself to have access to that information now, while you remain competent, you need to complete and sign a HIPAA Privacy Authorization Form, regardless of whether or not you also have a Durable Power of Attorney for Health Care in place.

In **Section 1** you need to insert the name of the health care provider (hospital, physician, etc.) who is authorized to release the information, and the name of the person who is authorized to receive the information.

In **Section 2** you first need to indicate what **time period** is covered by the authorization, and then what **type** of information is allowed to be released.

In **Section 4** you need to indicate **how long** the authorization is to remain effective, for example until a certain date or until your death. You retain the power to **revoke** the authorization at any earlier time.

The form needs to be **signed** by the patient or by the personal representative of the patient, such as a parent if the patient is a minor. You must complete a separate form for each health care provider you want to authorize to release information. We suggest you photocopy the form for multiple use.

HIPAA Privacy Authorization Form

Authorization for Use or Disclosure of Protected Health Information
(Required by the Health Insurance Portability and Accountability Act – 45 CFR Parts 160 and 164)

1. I hereby authorize _____ to use and/or disclose the
[Name of Health Care Provider]
protected health information described below to _____.
[Name of Individual]

2. Authorization for Release of Information. Covering the period of health care from
 _____ to _____ **OR** all past, present and future periods:

a. I hereby **authorize the release of my complete health record** (including records relating to mental health care, communicable diseases, HIV or AIDS, and treatment of alcohol/drug abuse).

OR

b. I hereby **authorize the release of my complete health record with the exception of the following information:**

Mental health records

Communicable diseases (including HIV and AIDS)

Alcohol/drug abuse treatment

Other (please specify): _____

3. This medical information may be used by the person I authorize to receive this information for medical treatment or consultation, billing or claims payment, or other purposes as I may direct.

4. This authorization shall be in force and effect until _____, at which time this
authorization expires. [Date or Event]

5. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in reliance on my authorization or if my authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

6. I understand that my treatment, payment, enrollment or eligibility for benefits will not be conditioned on whether I sign this authorization.

7. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Signature of Patient or Personal Representative

Date

Print Name of Patient or Personal Representative

Relationship to Patient

Emergency Preparedness: Preparing and Planning for Individuals with Special Needs

Preparing and Planning: If you or someone close to you has a disability or a special need, you may have to take additional steps to protect yourself and your family in an emergency.

Disability/Special Need	Additional Steps
Visually impaired	May be reluctant to leave familiar surroundings when the request for evacuation comes from a stranger. A guide dog could become confused or disoriented in a disaster. People who are blind or partially sighted may have to depend on others to lead them, as well as their dog, to safety during a disaster.
Hearing impaired	May need to make arrangements to receive warnings.
Mobility impaired	May need assistance to get to a shelter.
Single working parent	May need assistance to plan for a disasters or emergencies.
Non-English speaking persons	May need assistance planning for and responding to emergencies. Community and cultural groups may be able to help keep people informed.
People without vehicles	May need to make arrangements for transportation.
People with special dietary needs	Should take special precautions to have an adequate emergency food supply on hand.
People with medical conditions	Should know the location and availability of more than one facility if dependent on a dialysis machine or other life-sustaining equipment or treatment.
People with intellectual disabilities	May need help responding to emergencies and getting to a shelter.
People with dementia	Should be registered in the Alzheimer's Association Safe Return Program

If you have special needs: Find out about special assistance that may be available in your community. Register with the office of emergency services or the local fire department for assistance so needed help can be provided.

Check for hazards in the home: During and right after a disaster, ordinary items in the home can cause injury or damage. Anything that can move, fall, break or cause fire is a home hazard. Check for items such as bookcases, hanging pictures, or overhead lights that could fall in an earthquake or a flood and block an escape path.

Be ready to evacuate: Have a plan for getting out of your home or building (ask your family or friends for assistance, if necessary). Also, plan two evacuation routes because some roads may be closed or blocked in a disaster.

- Create a network of neighbors, relatives, friends, and coworkers to aid you in an emergency. Discuss your needs and make sure everyone knows how to operate necessary equipment.
- Discuss your needs with your relatives, friends, neighbors, co-workers.
- If you have impaired mobility and live or work in a high-rise building, have an escape chair.
- If you live in an apartment building, ask the management to mark accessible exits clearly and to make arrangements to help you leave the building.
- Keep specialized items ready, including extra wheelchair batteries, oxygen, catheters, medication, prescriptions, food for service animals, and any other items you might need.
- Be sure to make provisions for medications that require refrigeration.
- Keep a list of the type and model numbers of the medical devices you require.
- Wear medical alert tags or bracelets to identify your disability.
- Know the location and availability of more than one facility if you are dependent on a dialysis machine or other life-sustaining equipment or treatment.

