

**Inland Coalition  
on Aging**

# **Monthly Meeting**

**February 25, 2025**

**[Inlandaging.org](http://Inlandaging.org)**

# Agenda

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**Welcome**

**Key Points from Last Meeting**

**IE-MPA Updates**

**Presentation**

**Next Meeting**

# Last ICA Meeting

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**Dr. Ben Jauregui**

ICA Chair

# Key Points

## Advancing Equity for Older Adults

Sahar Takshi, Justice in Aging

- Aging does not protect one from other inequities.
- Learned the differences between equity and equality, ageism, and intersectionality
- Reiterated: Executive Orders do not create, repeal, or change existing laws, regulations or court decisions. They are proclamations that guide the federal policies and direct actions of federal agencies.
- Justice in Aging launched its [Strategic Initiative to Advance Equity](#) designed to address all areas of their work.

# IE-MPA Updates

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**Carmen Estrada**

ICA Treasurer

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# Updates

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- **Need agency partners to implement IE-MPA**
  - Any agency that wants to partner will have the opportunity to **learn more about the different MPA Goals during presentations we will host in March-April** via Zoom. More information will be emailed soon.
- **ICA will send out an annual survey to ICA members**
- **IE-MPA Outreach**
  - **Community Awareness LiveStreams** [youtube.com/@InlandCoalitionOnAging](https://youtube.com/@InlandCoalitionOnAging)
  - **Protect Health Care for Californians! 2/25 at 12 pm** hosted by CCLTSS and Justice in Aging. Learn about the potential changes and cuts to Medicaid and resources to protect essential health care services. **Scan QR Code to Register**
  - **Jewish Family Service Let's Do Lunch!** The ICA and JFS will host 3 sessions for IE-MPA Goals feedback in April.



# Help Us Spread the Word

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## **Marketing Tools** [InlandAging.org/media](https://www.inlandaging.org/media)

- Share ICA brochures and informational flyers at your outreach events.
- Post on your social media using our Social Media Kit
- Share emails you receive from us with other professionals in your community.
- Invite someone to attend an ICA meeting and become a member

## **ICA LinkedIn – Follow us!**

<https://www.linkedin.com/company/inland-coalition-on-aging/>

**Interested in a presentation about ICA/IE-MPA? Email us at [info@InlandAging.org](mailto:info@InlandAging.org)**

# Emergency Preparedness

**William Wood, Emergency Management/ PSPS Coordinator**

**Genesis Hernandez, Benefits/Cal Fresh Coordinator**





# Next Meeting

**Tuesday**

**March 25, 2025**

**11:00 am - 12:00 pm**



**Inland Coalition  
on Aging**



**Inland Coalition  
on Aging**

**Remember to complete the post-meeting survey to let us  
know how we did.**

**Thank You!**

For more information, please visit: [Inlandaging.org](https://www.inlandaging.org)

EMERGENCY

# Disaster Preparedness Training

William Wood & Genesis Hernandez



Rolling Start Inc.



A still from the TV show 'The Office' featuring Michael Scott. He is wearing a dark suit, a light-colored shirt, and a patterned tie. He has a serious expression and is looking towards the right. He is holding a blue pen in his right hand. The background shows an office hallway with a coat rack and a water cooler.

the  
office



# ARE YOU READY?



## Pre-class questions for thought

1. Are you prepared if a Disaster were to happen right this minute?
2. Do you have an Emergency Preparedness kit stocked and ready?
3. Do you have a Disaster Plan for your family?
4. What type of Emergencies or Disasters should I prepare for where I live?
  - a) Flash Floods
  - b) Fire
  - c) Pandemic
  - d) Earthquake
  - e) PSPS Event
  - f) Extreme Weather
  - g) All of the above



# PREPARE EVERYDAY

Preparation is an everyday event.

Prepare for:

- Work
- School
- Vacation

Prepare everyday for disasters

# Prepare, Plan, Practice & Stay Informed



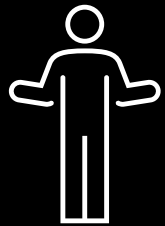
# TODAY'S OBJECTIVES

Learning the basics of preparedness and how to be ready to:

1. Knowing how to help yourself, your family and neighbors in times of disaster and Public Safety Power Shut Off (PSPS)
2. Developing your personal preparations plan
3. How to receive news, alerts, and warnings
4. Types of shelters
5. Evacuation
6. Family/household communication plan
7. Preparing a supply kit for on the go or staying at home



# WHY IS THIS IMPORTANT?



According to studies, Persons with Disabilities are **4 times** more likely to die in an emergency/disaster than a person without a disability. We want to change this to 4 times to likely **survive!**

We need to plan as though no one is coming to assist us

It could be 3-7 days or longer for first responders to reach someone in need

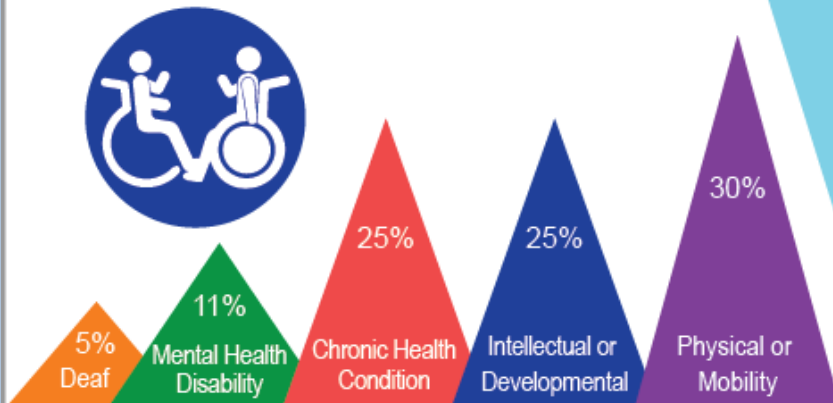
Shelters will not be set up right away.

Roads in the area may be blocked.

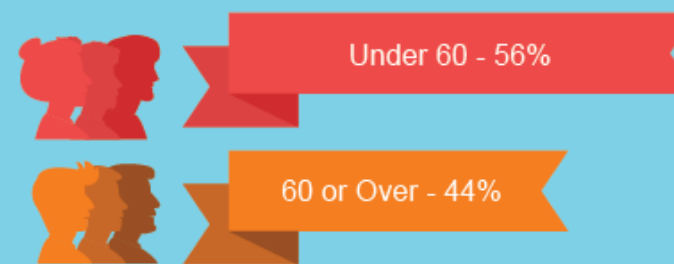
Having a plan and knowing where to find resources will ensure your survival during an emergency.

# Emergency Readiness Survey 2021

What disability do you most identify with?



Which age group describes you?



Does your disability require you to use electricity-powered medical equipment or assistive technology on a daily basis?



Yes - 55%

No - 45%

What electricity-powered medical devices or technology do you require on a daily basis?



- C-Pap or Bi-Pap Machine - 40%
- Other Equipment - 38%
- Communication Device - 20%
- Power Wheelchair or Scooter - 19%
- Nebulizer - 17%





## Canned Food Month

Stock canned foods and other staples that do not require refrigeration, cooking or water in case of emergency.

[Plan for Food Now](#)



# PREPARE, PLAN, PRACTICE, AND STAY INFORMED

Ready.gov

# SAFETY IS EVERYWHERE

Think about the types of places that you go to frequently.

- What type of building will you be in when a Disaster happens?
  - What are My Risks here if something happens?



# Having A Plan

**Planning is free and a lot can be done tonight or this weekend.**

**Designate a meet-up location if your family is separated.**

**Create a fire escape and evacuation out of the house.**

**Plan for your household pets and service animals.**

**Do you need to shelter in place? (COVID & Disasters are Different)**


**Once you have a plan, practice your plan at least twice a year and TALK about it.**

# EMERGENCY PLAN

- Don't start your plan from scratch. Use a template!

Red Cross:

[www.redcross.org/get-help/how-to-prepare-for-emergencies/make-a-plan.html](http://www.redcross.org/get-help/how-to-prepare-for-emergencies/make-a-plan.html)



Rolling Start Inc.

### Emergency Disaster Plan

Emergencies, including Public Safety (PSPS) power shutoffs, can interrupt your normal routine and support systems. Planning ahead could increase the odds that your access and functional needs are met if you evacuate quickly or shelter in place. Taking responsibility by creating a disaster plan and a "Go Bag" is the first step in maintaining your health and independence. All your information should be current and because it is personal, keep it in a safe but handy place in your home.

Identify your capabilities now and what assistance you and your family may need before, during and after a disaster by filling out this Disaster Plan. Think in terms of everyday necessities but also consider your unique needs, which may include medications, assistive devices, service animals and support services. Skip those that do not pertain to you.

Independent Living Center: Rolling Start Inc.

Address: 1955 S Hunts Ln; San Bernardino, CA 92408 Phone: 909-890-9516

#### PERSONAL INFORMATION

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Family Home Phone: \_\_\_\_\_

**\*A MEMBER(S) OF MY FAMILY HAS A CRITICAL CONDITION YOU NEED TO KNOW ABOUT.  
THAT CONDITION IS:**

Ready.gov:  
Having a plan | Ready.gov

# CREATING YOUR PLAN

- Using a template is as easy as answering questions.
- Once your plan is written, update information at least every 6 months.
- Have the plan handy and ready to use.



# Things To Consider

**Consider your abilities and the abilities of the people you live with. Who Will you and others depend on in an emergency?**

- **Transportation**
- **Medications**
- **Equipment & Supplies**
- **Back up power & refrigeration**
- **Vacationers, renters, caregivers**
- **Family members**
- **Wheelchairs & Mobility access**
- **Children & Pets**
- **Personal support network**
- **Special evacuation routes**





**QUESTIONS?**



# NEWS, ALERTS, AND WARNINGS

**How will you receive information before and during an emergency?**

NOAA Weather Radio

<https://www.weather.gov/nwr/>

Local Television Stations:

KVCR

Radio stations in your local area:

**97.5 FM –KLYY**

**103.1 FM—KXVV**

**101.7 FMKXSB**

**100.9 FMKAEH**

Individual County and City phone applications

Social Media: Twitter, Facebook, Instagram



# SIGN-UP FOR LOCAL ALERTS

San Bernardino County phone App: **SB Ready**  
American Red Cross Phone App: **American Red Cross**  
FEMA [www.Ready.gov](http://www.Ready.gov)

Locate local emergency alert systems in your area.  
<http://calalerts.org/signup.html>

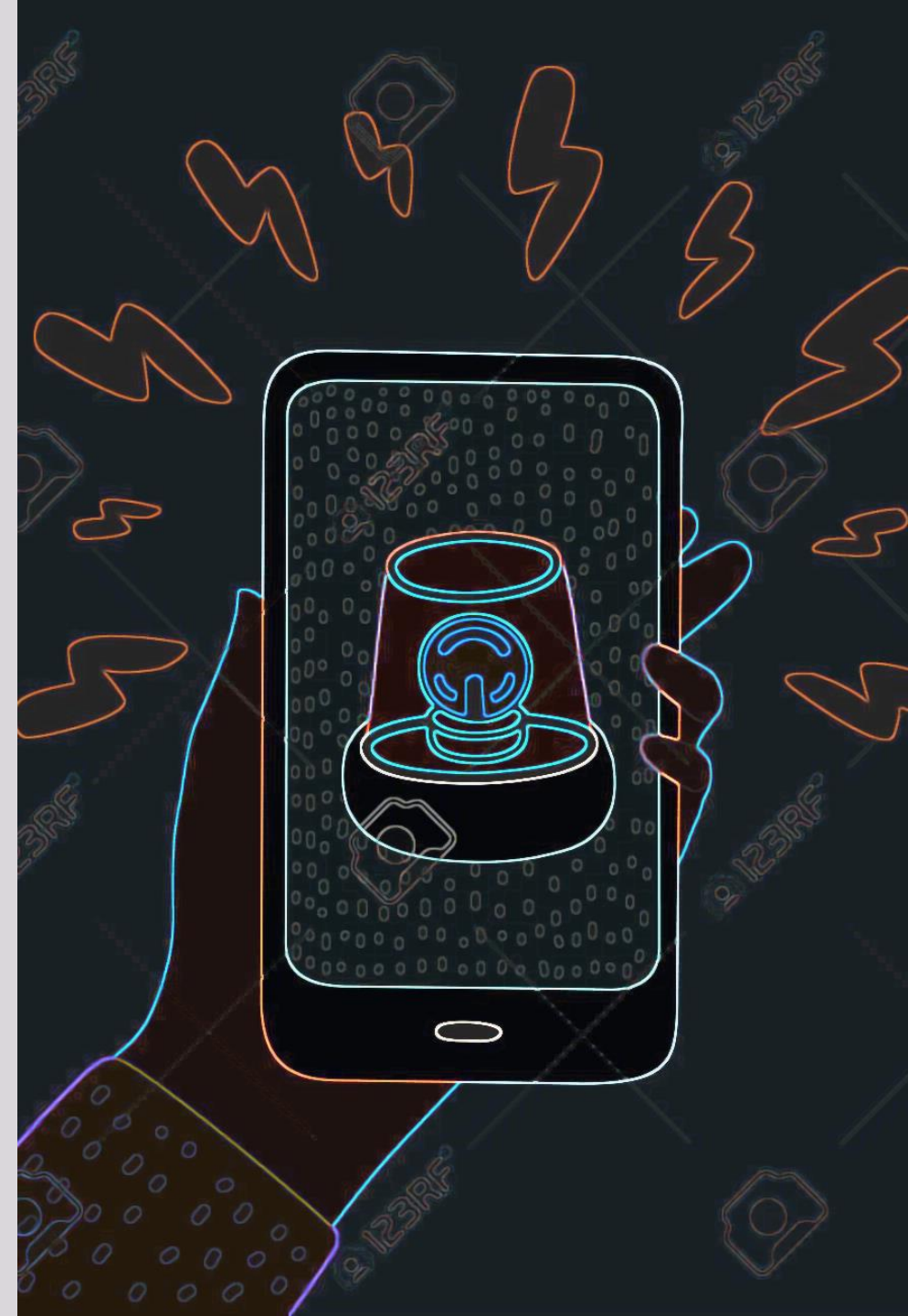
San Bernardino County: sign up for phone alerts using **TENS Alert**

Riverside County: sign up for phone alerts at  
[rivcoready.org/alertrivco](http://rivcoready.org/alertrivco)

To get **PSPS** alerts from Edison:

Customers [www.sce.com/wildfire/pmps-alerts](http://www.sce.com/wildfire/pmps-alerts) set up alert preference in the My Account section

Non-Customers or care takers can sign up for specific address alerts at [www.scepsps.com](http://www.scepsps.com)





shutterstock.com · 2210121847

**EVACUATION**



**EVACUATION**



**EVACUATION**



NEWS



# EVACUATION

## Two stage evacuation:

- **Warning: should leave or prepare to leave**
- **Order – Leave NOW**

- To many, evacuation can be a scary word because it means you are not safe where you are.

## Questions immediately fill into your mind:

- a. Where am I going to go?
- b. How am I going to get there?
- c. How long will I be away?
- d. What do I take with me?

- An evacuation plan can help quiet the mind and get you to safety faster with the items you will need no matter how long you will be gone.

## What goes into the evacuation plan?

- Printed maps from your home to friends and family homes. Work to home, home to work. Home to school.
- Phone numbers of family and friends.
- Phone numbers and address of services you use often (pharmacy, doctors office, etc.)



# Evacuation – Support Team

**If you need help evacuating from your home, create a support team!**

**AT LEAST 3 PEOPLE**

People who can come to your assistance such as quickly neighbors, friends, co-workers



## **Teach them:**

- How to assist you
- Use of assistive devices
- Grab supplies your disability needs for you to live
- Practice

**\* YOU ARE THE BEST PERSON TO JUDGE WHAT ASSISTANCE YOU NEED \***





# EVACUATION - TRANSPORTATION

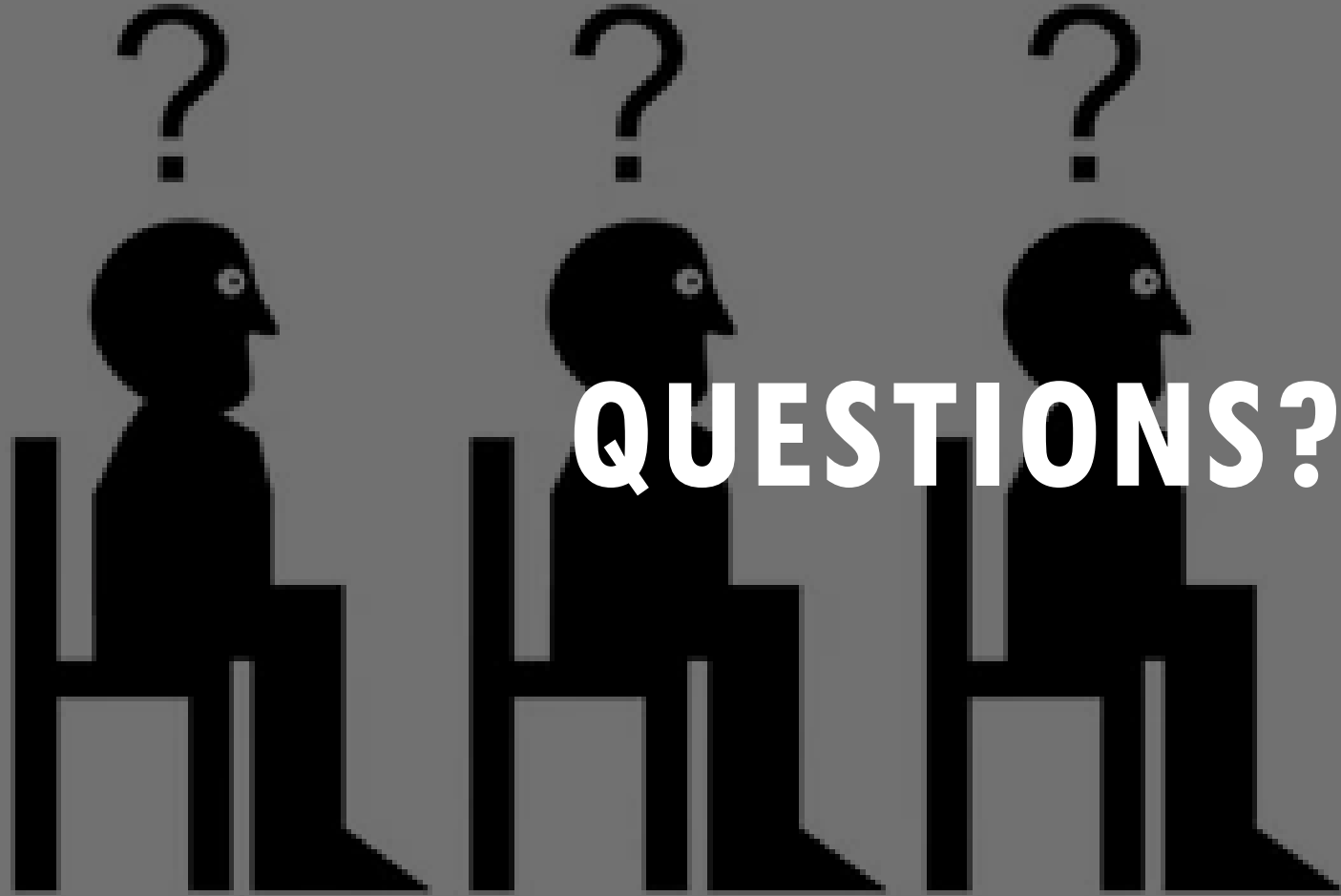


## Who can you call?

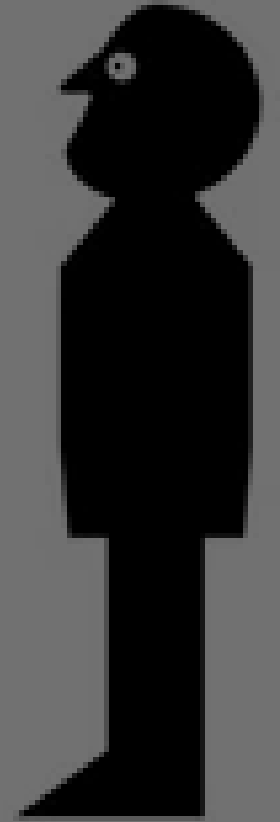
- Access Services like Uber, Lyft, buses or Taxis may be, Out of Service
- If you have to Evacuate, call your support group first.
- Keep a list of phone numbers handy.

**Emergencies change rapidly. Be safe and evacuate during the Warning stage instead of waiting for the Order.**





blah  
blah  
blah  
blah





# SHELTERING

# SHELTER SAFETY

The background of the slide is a dark, stylized illustration. It shows several buildings with jagged, broken outlines, suggesting destruction. In the foreground, there are several figures representing people in a shelter. On the left, a woman in a yellow shirt is pushing a cart. In the center, a man in a yellow shirt is bending over, and a woman in a dark jacket is standing next to a stack of brown boxes. On the right, a woman in a yellow shirt is standing next to an elderly woman in a red shirt who is using a walker. The overall scene depicts a busy disaster relief or shelter environment.

**Most homes today are built to current standards or have been modified and will perform well in most disasters. Common damages are usually:**

- Broken glass
- Falling panels
- Falling books
- Dishes
- Small or large appliances

**Major damage will cause the home to be unsafe to live in.**

**Damage can be:**

- Collapsing walkways and stairways
- Loss of water, power, and gas



# SHELTERING PLAN

## What are my sheltering options?

### 1. Shelter in place

This can happen at home, work, school, or even while out at a store or doctors office. Follow direction of police or fire department and stay where you are until the danger passes.

### 2. Stay at home

Remain indoors as much as possible and try to only leave your home when necessary. You can still use outdoor spaces such as patios, porches and yards. Outdoor activities such as walking, jogging and exercise are fine if you practice social distancing. Essential services such as grocery shopping, the gas station, pharmacies and going to the Post Office are still fine to do.

### 3. Emergency Shelter

Leave your home and stay with a friend, family, hotel, or a designated shelter provided by the county/state.

# Emergency Shelters

## Red Cross Community Mass Care Shelter

### What is Provided

- Safety
- Disaster information
- Food/supplies
- Place to sleep
- Shower
- Minor medical treatment
- Medicine
- Home rebuilding/insurance info
- Access to communications
- Cell phone charge
- Internet
- Phone usage

### What is Not Provided

- Privacy
- Comfort
- Long term
- Quietness

**ANY  
QUESTIONS?**



**QUESTIONS?**

# FAMILY/HOUSEHOLD COMMUNICATION

How will you contact family or friends to tell them you are safe or if you need help?

- Cell Phones may not work to make phone calls
- Text Messages may go through better (uses less Bandwidth)
- Land Lines will be your best way to get help, (not Voice Over IP (VOIP) also known as internet phones, if power is out)
- Social Media is a great way to send information to friends and family to tell them you are safe and where you are.
- Keep phone numbers updated and printed out in your kit so that you have them if your phone battery dies out.

# What Do I Take? – Emergency Kit

Kits can be small and large and will be different for everyone. We have different kits for different locations. Each one has a specific purpose.



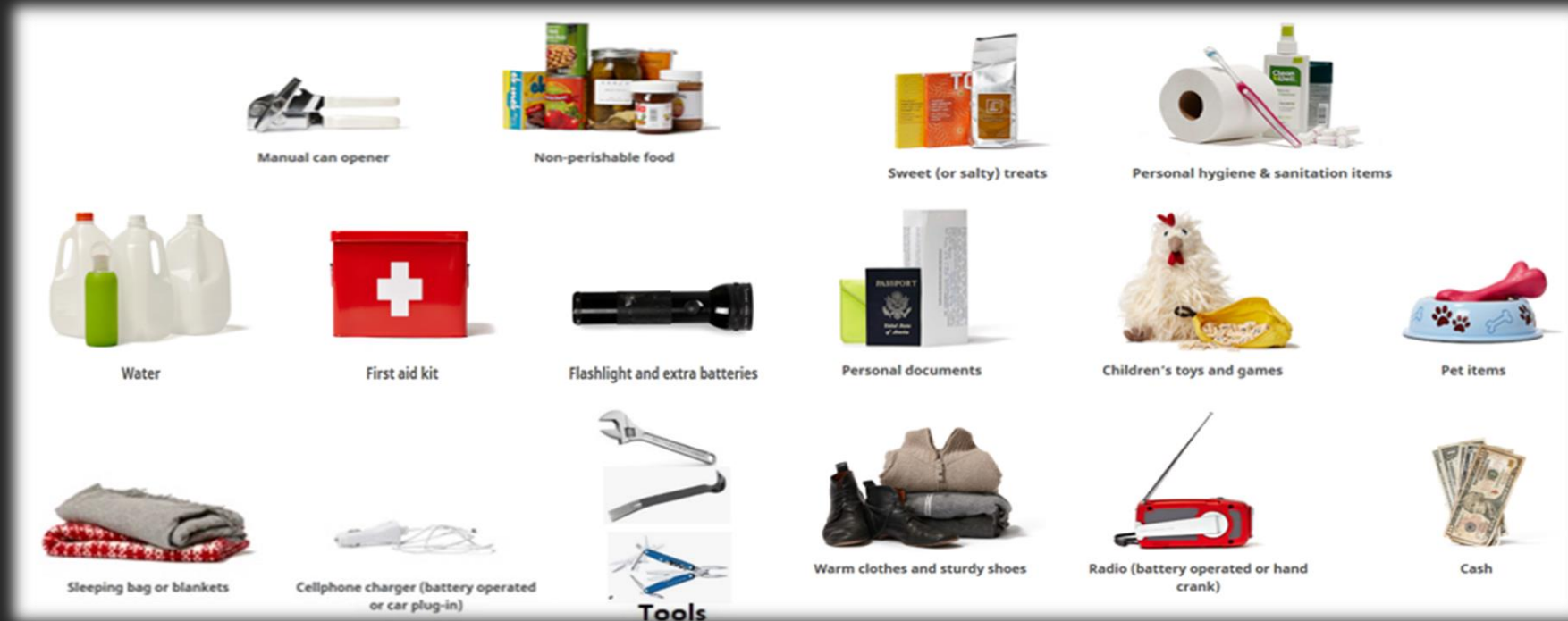
- **Home Kit-** for Each Family Member (Account for Seniors & Children)
- **Bedside Kit-** What if you were trapped in your room?
- **Car Kit-** What if you had to walk home or broke down?
- **Work Kit-** What if you couldn't get home by car?
- **Kits for Pets-** They need food, water, and First Aid too
- **Grab & Go Kit-** If you had ONLY 2 minutes

\* Remember each kit should include personal items\*



# What Goes In An Emergency Kit?

Some kits are just things you already have at home or in the car. A Go! Kit is a little different, it's the bag you grab when you are in a hurry ([Within two Minutes](#)) and need to leave. This is the bag with shoes, clothes, medications and other essential items. What will YOU need?





- Hearing aid batteries
- Eye glasses
- Oxygen or nebulizer supplies
- Hygiene Supplies
- Catheter supplies

- Blood glucose tester
- Feeding equipment
- Support or White Cane
- Mask

# SPECIFIC NEEDS

# COMPLIMENTARY – 3 DAY EMERGENCY KIT

- All participants on this webinar will receive a complimentary 3-Day Emergency Kit (Valued at \$50) for attending this class





**QUESTIONS?** |

# PSPS EVENT

- **Public Safety Power Shut-off**



**PUBLIC SAFETY POWER SHUTOFF**  
A TOOL OF LAST RESORT

SCE Service Area



# WHAT IS A PSPS EVENT?



A PSPS Event is when Southern California Edison has determined a weather event is extreme enough to cause damage to their equipment and possibly start a wildfire.



A PSPS is usually planned 24 to 48 hours in advance of a severe weather event involving high winds.



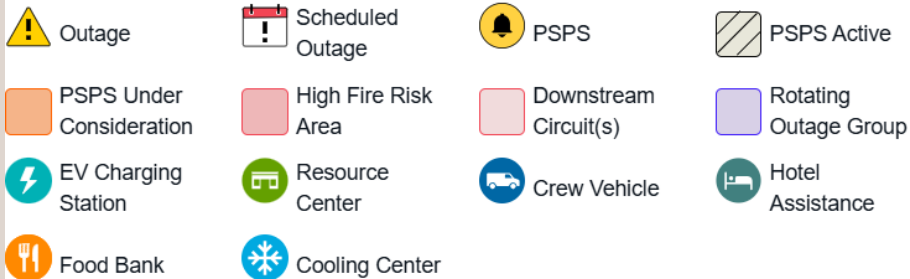
SCE customers are usually given notice of these events if they are signed up for the Medical Baseline Program or SCE Notifications.

# WILL MY POWER BE TURNED OFF?



Search by:  Address  Outage Number  Meter Number

Search by address, city, county or ZIP Code



Biggest question that is always asked during a PPS event is:

**Will my power be turned off?**

Edison's website has an outage center where you can plug in your address to get the information about the outage. This will give you the best information on if the outage is due to maintenance or if it is a PPS event.

Website: [www.sce.com/outage-center/check-outage-status](http://www.sce.com/outage-center/check-outage-status)

# Rolling Start Is Here To Help

## MEDICAL BASELINE ENROLLMENT

Rolling Start can assist eligible consumers to enroll in the Southern California Edison

### Medical Baseline Program

**This is not an income-based program. If you, a friend or someone in your family uses a electronic medical or life support device due to a disability or health condition, we can help them apply for the Medical Baseline Program. If approved, consumers can receive a lower rate on their monthly energy bill as well as receive extra notifications in advance of a Public Safety Power Shutoff.**

The application can be filled out on the website and emailed to your doctor for verification or printed out and once signed by your doctor, mailed to SCE.

Learn more: [www.sce.com/medicalbaseline](http://www.sce.com/medicalbaseline)



# CRITICAL CARE BACKUP BATTERY

Edison customers who use electronic medical devices and are currently enrolled in the Medical Baseline program can apply for the backup battery program.

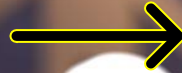
A backup battery can assist with:

- Power for an oxygen concentrator
- Power-Chair charging
- Mini Refrigerator to keep medications cold



# How Do These Steps Help?

Stay Informed



**You can avoid unnecessary fear and stress.**

Have A Plan



**Your family will know what to do and who to call.**

Keep Supplies

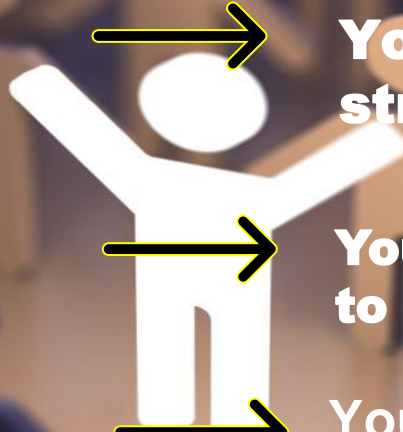


**You will have things that you need to be comfortable and survive.**

Get Involved



**You will be able to help others in your community.**



# PREPARE TO THRIVE



- The better prepared you are, the faster you can recover and get the help you need instead of what someone else thinks you need.
- Don't be just a survivor, be an independent survivor who is standing strong and thriving before, during, and after a disaster!



Rolling Start Inc.



Disability Disaster  
Access & Resources



**THRIVING  
WHILE  
SURVIVING**

## **DISABILITY DISASTER ACCESS & RESOURCES**

<https://disabilitydisasteraccess.org>

[www.rollingstart.com](http://www.rollingstart.com)

**William Wood**

**(909) 890-9516**

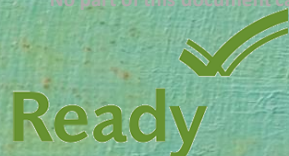
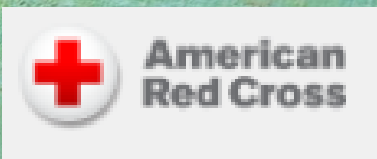
[WWood@rollingstart.com](mailto:WWood@rollingstart.com)

**Genesis Hernandez**

**(909) 665-2373**

[gshernandez@rollingstart.com](mailto:gshernandez@rollingstart.com)

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## Emergency Disaster Plan

Emergencies, including Public Safety (PSPS) power shutoffs, can interrupt your normal routine and support systems. Planning ahead could increase the odds that your access and functional needs are met if you evacuate quickly or shelter in place. Taking responsibility by creating a disaster plan and a “Go Bag” is the first step in maintaining your health and independence. All your information should be current and because it is personal, keep it in a safe but handy place in your home.

Identify your capabilities now and what assistance you and your family may need before, during and after a disaster by filling out this Disaster Plan. Think in terms of everyday necessities but also consider your unique needs, which may include medications, assistive devices, service animals and support services. Skip those that do not pertain to you.

Independent Living Center: Rolling Start Inc.

Address: 1955 S Hunts Ln; San Bernardino, CA 92408 Phone: 909-890-9516

### PERSONAL INFORMATION

Family Name: Safety

Address: 911 safety ave, emergency city CA 000911

Family Home Phone: 911-211-0911

**\*A MEMBER(S) OF MY FAMILY HAS A CRITICAL CONDITION YOU NEED TO KNOW ABOUT. THAT CONDITION IS:**

#### FAMILY MEMBERS IN HOUSEHOLD

|                 |              |               |
|-----------------|--------------|---------------|
| Dad Safety      | 111-111-1111 | DS@safety.com |
| NAME            | Cell Phone   | EMAIL         |
| Mom Safety      | 222-222-2222 | MS@safety.com |
| NAME            | Cell Phone   | EMAIL         |
| Son Safety      | 333-333-3333 | SS@safety.com |
| NAME            | Cell Phone   | EMAIL         |
| Daughter Safety | 444-444-4444 | DS@safety.com |
| NAME            | Cell Phone   | EMAIL         |



## Emergency Disaster Plan

### EMERGENCY CONTACTS

1. Names and Contacts of persons who do not live with you:

|                     |                     |                     |                      |
|---------------------|---------------------|---------------------|----------------------|
| <b>GMA Safety</b>   | <b>555-555-5555</b> | <b>666-666-6666</b> | <b>gs@safety.com</b> |
| NAME                | Cell Phone          | Home Phone          | EMAIL                |
| <b>Uncle Safety</b> | <b>777-777-7777</b> | <b>888-888-8888</b> | <b>US@safety.com</b> |
| NAME                | Cell Phone          | Home Phone          | EMAIL                |

2. Names and Contacts of persons who live out-of-state:

|                      |                     |                     |                      |
|----------------------|---------------------|---------------------|----------------------|
| <b>Aunt Safety</b>   | <b>999-999-9999</b> | <b>111-111-1112</b> | <b>AS@safety.com</b> |
| NAME                 | Cell Phone          | Home Phone          | EMAIL                |
| <b>Cousin Safety</b> | <b>222-222-2223</b> | <b>333-333-3334</b> | <b>CS@safety.com</b> |
| NAME                 | Cell Phone          | Home Phone          | EMAIL                |

### HEALTH PROVIDERS

Family Member: Dad Safety Plan #: 123456789 Member # 987654321  
 Doctor: Dr.knowitall Phone: 444-444-4445 Email: Knowitall@safety.com

Family Member: Mom Safety Plan #: 123456789 Member # 987654322  
 Doctor: Dr.knowitall Phone: 444-444-4445 Email: Knowitall@safety.com

Family Member: Son Safety Plan #: 123456789 Member # 987654323  
 Doctor: Dr.knowitall Phone: 444-444-4445 Email: Knowitall@safety.com



Rolling Start Inc.

## Emergency Disaster Plan

### EQUIPMENT AND DME PROVIDERS

Pharmacy: the best one Address: where ever Phone: 1800drug

DME Supplies: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Repair Contractors: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### PERSONAL CARE PROVIDERS

Care Provider Name: care provider Phone: 888-888-8889 Email: cp@safety.com

Care Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### EMERGENCY TRANSPORTATION/ EVACUATION SUPPORT

Provider Name: ambulance Phone: 911 Email: 911@safety.com

Website: 911.gov

Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Do you use a Power Chair?

- Yes Weight: 250
- No



## Emergency Disaster Plan

### NON-EMERGENCY TRANSPORTATION SUPPORT

Provider Name: Bobby smith Phone: 999-999-9991 Email: BS@safety.com  
Website: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Website: \_\_\_\_\_

### ALLERGIES AND SENSITIVES /REACTIONS

Family Member: dad safety Issue: peanuts  
Family Member: \_\_\_\_\_ Issue: \_\_\_\_\_

### DIETARY RESTRICTIONS

Family Member: mom safety Issue: Garlic allergy  
Family Member: \_\_\_\_\_ Issue: \_\_\_\_\_

**MAKE SURE TO ADD A LIST OF MEDICATIONS FOR EACH FAMILY MEMBER  
ALONG WITH THE DOSAGE TO THIS DOCUMENT**





## Emergency Disaster Plan

### MEDICAL DEVICES

**PLEASE ADD THE NAME OF EACH FAMILY MEMBER THAT APPLIES TO EACH ITEM BELOW. IF AN ITEM IS NOT USED, PLACE N/A NEXT TO THAT ITEM**

1) Medical Devices/Assistive Technology Vendor

Name: vendor Phone: 111-111-1113

NAME OF FAMILY MEMBER

2) Do you use electricity to operate any medical device that helps to sustain your health, Safety or Independence?

- Yes  
 No

3) Backup batteries/electricity needed?

- Yes  
 No

4) Do you have low to no hearing?

- Yes  
 No

4b) If you answered yes, check all that apply:

- Wears a hearing aid  
 Uses sign language  
 Uses pictures  
 Can read

5) Do you have low to no vision?

- Yes  
 No



## Emergency Disaster Plan

5b) If you answered yes, check all that apply:

- I use braille for reading
- I wear eyeglasses
- I wear contact lenses

6) Do you have issues with Anxiety or Mental Health?

- Yes
- No

7) If you answered “Yes” to question “5”, do you regularly take medication for these issues?

- Yes Medication: insuline Dosage: 2 units
- No

To help calm me during an emergency Please:

**Do Not:**

do not yell.

---



---

**Do:**

speak calmly

---



---

7) I have specific Safety Precautions that need to be followed to safely help me in a disaster, those are:  
dont hit me

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***\*THE FOLLOWING SECTION CONTAINS PERSONAL AND CONFIDENTIAL INFORMATION FOR YOUR RECORDS AND IS NOT TO BE SENT TO ROLLING START, BUT THEY ARE VERY IMPORTANT TO HAVE\****

**COMPLETION OF THIS SECTION BY THE CONSUMER IS SUGGESTED TO HAVE A COMPLETE AND WELL ORGANIZED PLAN. IT IS UNDERSTOOD THAT NOT ALL CONSUMERS HAVE/NEED ALL OF THESE ITEMS. SINCE NO EMERGENCY DISASTER PLAN CAN COVER EVERYONE’S INDIVIDUAL SITUATION, IT IS SUGGESTED THAT YOU LOOK AT THE FOLLOWING AND CONSIDER WHAT SECTIONS WOULD BE BEST FOR YOU.**



## Emergency Disaster Plan

### SERVICE ANIMALS AND PETS

**THE LAW REQUIRES THAT ALL EMERGENCY SHELTERS ALLOW SERVICE ANIMALS INTO SHELTERS WITH THE PERSON THAT THEY ARE PROVIDING SERVICES TO IF: 1. THEY ARE A TRAINED SERVICE ANIMAL HELPING A CONSUMER WITH ACTIVITIES OF DAILY LIVING AND 2. THEY ARE NOT A DANGER, DISTRACTION OR DISRUPTION TO OTHERS LIVING IN THE SHELTER.**

***\*YOU NEED TO HAVE YOUR ANIMALS IMMUNIZATION DOCUMENTATION IN YOUR EVACUATION KIT AND BRING IT WITH YOU TO THE SHELTER\****

Do you have a service animal or pets who must evacuate with you?

- Yes  
 No

If yes does each of them have a tag on their collar with their Name, Address and a phone number you can be reached at?

- Yes  
 No

Is each of your Service Animal(s) imbedded with an I.D. Chip?

- Yes, Location of Records: Safe  
 No

If you answered yes to a service animal, my service animal(s) name(s) is/are:

Doggie

Breed(s): Dog Color(s): Dog

The License Documentation Is: in the safe

The Immunizations Records for my Service Animal/Pet(s) is:

in the safe

Veterinarian's Name: Vet Phone: 111-111-1113

The food and supplies for the animal(s) is:

in the go bag next to the door



## Emergency Disaster Plan

### FINANCIAL INFORMATION

This section is for information regarding financial institutions in the case records are destroyed. This information will not allow anyone to access your personal information but is only to document the institutions and Account numbers in the case of emergency. This information will not be requested from the DDAR staff but can be added by you at a later time for your records.

Financial Institution: bank

Address: bank

Type (IRA, Checking/Savings): checking Account #: 987465212356

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Type (IRA, Checking/Savings): \_\_\_\_\_ Account #: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Type (IRA, Checking/Savings): \_\_\_\_\_ Account #: \_\_\_\_\_

Do you have a safe deposit key?

Yes

No

Do you have a 401k, 503b or other retirement accounts?

Yes

No

Financial Institution: bank

Address: bank st

Type: bank Account #: 987894

### FIREARMS CONSIDERATIONS

Many people choose to retain Firearms in their home. If you own Firearms, it is understandable that these Firearms may not always be in an area where they are locked in a case or safe. It is extremely important before you evacuate or leave your home, any and all Firearms are in a Locked Case or safe. Fire authorities may find it necessary to force entry into your home to fight the fire. Since they will not have time to re-secure the home, your home may be open and at risk to persons who may have bad intentions. It is advised to keep a log and photos of your firearms with your insurance documents. Keeping your Firearms locked in a case or safe is safer for everyone and MAY reduce you to risk of theft or Liability.



# Emergency Disaster Plan

## INSURANCE INFORMATION

In the case of a disaster, Insurance information could allow you to recover more quickly. Having this information with you if you need to evacuate can make things go much smoother with any claim you may have. It is a good idea to leave a copy of Insurance policies with a person that you trust that does not live in the same area that you do so that you can quickly refer to that policy. This section is to help gather the most basic information to apply for a claim. It will always be better to have the documentation with you if you need to evacuate.

### Home Owners/Renters Policy/Fire

Insurance Company: insurance  
Address: insurance st  
Type: insurance Policy #: 6545632126548988954 Phone: 9494565123216989

### Auto

Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

### Flood

Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

### Earthquake

Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

### Life Insurance

Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

### Do you have A Living Will, Trust or Advanced Directive?

- Yes
- No

Those documents can be found:  
in my safe



## Emergency Disaster Plan

Emergencies, including Public Safety (PSPS) power shutoffs, can interrupt your normal routine and support systems. Planning ahead could increase the odds that your access and functional needs are met if you evacuate quickly or shelter in place. Taking responsibility by creating a disaster plan and a “Go Bag” is the first step in maintaining your health and independence. All your information should be current and because it is personal, keep it in a safe but handy place in your home.

Identify your capabilities now and what assistance you and your family may need before, during and after a disaster by filling out this Disaster Plan. Think in terms of everyday necessities but also consider your unique needs, which may include medications, assistive devices, service animals and support services. Skip those that do not pertain to you.

Independent Living Center: Rolling Start Inc.

Address: 1955 S Hunts Ln; San Bernardino, CA 92408 Phone: 909-890-9516

### PERSONAL INFORMATION

Family Name: \_\_\_\_\_

Address: \_\_\_\_\_

Family Home Phone: \_\_\_\_\_

**\*A MEMBER(S) OF MY FAMILY HAS A CRITICAL CONDITION YOU NEED TO KNOW ABOUT.  
THAT CONDITION IS:**



### FAMILY MEMBERS IN HOUSEHOLD

NAME Cell Phone EMAIL

NAME Cell Phone EMAIL

NAME Cell Phone EMAIL

NAME Cell Phone EMAIL



# Emergency Disaster Plan

## EMERGENCY CONTACTS

1. Names and Contacts of persons who do not live with you:

| NAME | Cell Phone | Home Phone | EMAIL |
|------|------------|------------|-------|
|------|------------|------------|-------|

| NAME | Cell Phone | Home Phone | EMAIL |
|------|------------|------------|-------|
|------|------------|------------|-------|

2. Names and Contacts of persons who live out-of-state:

| NAME | Cell Phone | Home Phone | EMAIL |
|------|------------|------------|-------|
|------|------------|------------|-------|

| NAME | Cell Phone | Home Phone | EMAIL |
|------|------------|------------|-------|
|------|------------|------------|-------|

## HEALTH PROVIDERS

Family Member: \_\_\_\_\_ Plan #: \_\_\_\_\_ Member # \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Family Member: \_\_\_\_\_ Plan #: \_\_\_\_\_ Member # \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Family Member: \_\_\_\_\_ Plan #: \_\_\_\_\_ Member # \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_



Rolling Start Inc.

## Emergency Disaster Plan

### EQUIPMENT AND DME PROVIDERS

Pharmacy: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

DME Supplies: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Repair Contractors: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### PERSONAL CARE PROVIDERS

Care Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Care Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### EMERGENCY TRANSPORTATION/ EVACUATION SUPPORT

Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Do you use a Power Chair?

Yes Weight: \_\_\_\_\_

No





## Emergency Disaster Plan

### NON-EMERGENCY TRANSPORTATION SUPPORT

Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Website: \_\_\_\_\_

Provider Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Website: \_\_\_\_\_

### ALLERGIES AND SENSITIVES /REACTIONS

Family Member: \_\_\_\_\_ Issue: \_\_\_\_\_

Family Member: \_\_\_\_\_ Issue: \_\_\_\_\_

### DIETARY RESTRICTIONS

Family Member: \_\_\_\_\_ Issue: \_\_\_\_\_

Family Member: \_\_\_\_\_ Issue: \_\_\_\_\_

**MAKE SURE TO ADD A LIST OF MEDICATIONS FOR EACH FAMILY MEMBER  
ALONG WITH THE DOSAGE TO THIS DOCUMENT**



## Emergency Disaster Plan

### MEDICAL DEVICES

**PLEASE ADD THE NAME OF EACH FAMILY MEMBER THAT APPLIES TO EACH ITEM BELOW. IF AN ITEM IS NOT USED, PLACE N/A NEXT TO THAT ITEM**

1) Medical Devices/Assistive Technology Vendor

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

NAME OF FAMILY MEMBER

2) Do you use electricity to operate any medical device that helps to sustain your health, Safety or Independence?

- Yes
- No

3) Backup batteries/electricity needed?

- Yes
- No

4) Do you have low to no hearing?

- Yes
- No

4b) If you answered yes, check all that apply:

- Wears a hearing aid
- Uses sign language
- Uses pictures
- Can read

5) Do you have low to no vision?

- Yes
- No



## Emergency Disaster Plan

5b) If you answered yes, check all that apply:

- I use braille for reading
- I wear eyeglasses
- I wear contact lenses

6) Do you have issues with Anxiety or Mental Health?

- Yes
- No

7) If you answered “Yes” to question “5”, do you regularly take medication for these issues?

- Yes Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_
- No

To help calm me during an emergency Please:

**Do Not:**

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**Do:**

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7) I have specific Safety Precautions that need to be followed to safely help me in a disaster, those are:

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- Yes, Location of Records: \_\_\_\_\_  
 No

If you answered yes to a service animal, my service animal(s) name(s) is/are:

\_\_\_\_\_  
Breed(s): \_\_\_\_\_ Color(s): \_\_\_\_\_

The License Documentation Is: \_\_\_\_\_

The Immunizations Records for my Service Animal/Pet(s) is:

\_\_\_\_\_  
Veterinarian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

The food and supplies for the animal(s) is:

\_\_\_\_\_  
\_\_\_\_\_



## Emergency Disaster Plan

### FINANCIAL INFORMATION

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Address: \_\_\_\_\_

Type (IRA, Checking/Savings): \_\_\_\_\_ Account #: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Type (IRA, Checking/Savings): \_\_\_\_\_ Account #: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Type (IRA, Checking/Savings): \_\_\_\_\_ Account #: \_\_\_\_\_

Do you have a safe deposit key?

Yes

No

Do you have a 401k, 503b or other retirement accounts?

Yes

No

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

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Address: \_\_\_\_\_  
Type: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

### Flood

Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

### Earthquake

Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

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Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_  
Type: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone: \_\_\_\_\_

### Do you have A Living Will, Trust or Advanced Directive?

- Yes
- No

Those documents can be found: