

South Carolina Department of Social Services  
**FOSTER/ADOPTIVE FAMILY DISASTER PLAN**

Foster/Adoptive Family Name: \_\_\_\_\_

Managing County: \_\_\_\_\_

Address of Family: \_\_\_\_\_

E-Mail Address Foster/Adoptive Parents: \_\_\_\_\_

Phone: Home No.: \_\_\_\_\_

Mother Work No.: \_\_\_\_\_ Father Work No.: \_\_\_\_\_

Mother Cell No.: \_\_\_\_\_ Father Cell No.: \_\_\_\_\_

**If I need to evacuate my home, I would relocate to:**

**First Choice: (Name of friend, address, phone number, alternate phone numbers, other contact information – e-mail address, etc.)**

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

**Second Choice: (If you are not able to go to the first choice) Please provide address, phone number, alternate phone numbers, other contact information – e-mail address, etc.**

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

Contact information for person who I would be in touch with in case of an emergency and who the agency could contact if necessary: (Family, members, or friends outside of the immediate area)

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

I understand I need to take the following critical information with me when I evacuate.

- Agency contact information (agency emergency contact number)
- Foster/adoptive and biological children's medical information, prescription, medical reports

I understand that I am required to check in with the SC Department of Social Services within **24 hours**. I can call this toll free number: **1-800-700-1156**.

I understand that should any of the information included in this plan change that I am to update the form within 14 days of the change and provide the agency with the update.

\_\_\_\_\_  
Foster/Adoptive Mother Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Foster/ Adoptive Father Signature

\_\_\_\_\_  
Date