

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