



**Siena Adoption Services**

**2776 S. Arlington Mill Dr. Suite #524**

**Arlington, VA 22206**

**(703) 477-0411**

**sienaadoptionsservices@gmail.com**

**Family Emergency/Disaster Plan:**

**Describe your plan to shelter in place, when the emergency situation requires for sheltering:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Describe your plan to evacuate, if evacuation is necessary:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Promptly notify the licensee of location and contact information when evacuation becomes necessary.**

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

**First Choice:**

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

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

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

E-Mail Address: \_\_\_\_\_

**Second Choice:**

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

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

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

E-Mail Address: \_\_\_\_\_

**Other means of contacting our family:**

Cell Phone: \_\_\_\_\_ E-Mail

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

Cell Phone: \_\_\_\_\_ E-Mail

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

Cell Phone: \_\_\_\_\_ E-Mail

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

**Contact person:** Contact information for the person with whom I would be in touch with in case of an emergency, and who the agency contact would be, if necessary:

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

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

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

E-Mail Address: \_\_\_\_\_

**I understand that:** There are critical items that I am urged to take along when evacuating. These include:

- Agency contact information
- Children's medical information
- Education records
- Identifying information for a child, including citizenship information
- Adoption Legal documentation

Describe how the plan will be reviewed with each placed child (including plan for infants) and at least one time every six months:

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**Applicants Signature:**

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**Printed Names:**

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