<Insert facility logo>

<Insert DATE>

Dear Representative/Family Member,

As part of our Emergency Preparedness Plan, we are updating the emergency contact information we have on record for our residents. We value the health, safety, and dignity of your loved one and are committed to protecting our residents in the event of an emergency.

If we do not already have it, we would appreciate having an alternate telephone number to reach you during an emergency. We would also like to have information for at least one other person we can contact during an emergency to share our plans for sheltering in place or evacuation in the event we are not able to immediately reach you.

Please note--

* If we experience an emergency, we will make every attempt to contact you and inform you of our plans to shelter-in-place or evacuate. If we cannot contact you, we will provide updates to the emergency contact you list below. Please be aware that our phone lines may be down and cell phones inoperable.
* If we need to evacuate, we have agreements with alternate care facilities to provide care for our residents until we can safely return to our facility. Some of these locations are [insert any alternate locations].
* You can also take your loved one home during an evacuation. We will provide you with necessary medications, medical supplies, and other items your loved one needs. We would discuss this option further with you while we prepare for such an event.

We appreciate you assisting us with our emergency planning to protect our residents and staff members. Please complete the information below for our records so we know how best to proceed in the event of an emergency.

**Resident’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_\_\_\_\_\_\_\_

**Representative:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellphone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellphone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellphone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide us with any documentation you have as the Representative/Durable Power of Attorney.

If safe to do so, are you or someone in your family willing to take your loved one home during an evacuation?

Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_

Thank you,

[Administrator Name]