

Family Emergency Plan

Developed by:

**Lee County
Emergency Management**

www.LeeEOC.com

(239)533-0622



Information Resources

Reliable sources of accurate, timely information are critical to developing and implementing your plans. The resources below have been developed by Lee County Emergency Management to assist in developing your plans and keeping you informed.

Printed information is available from many sources, including many local fire departments, government offices, public libraries and Lee County Emergency Management. Among the best of these printed materials is the **All Hazards Guide**.

Conventional Websites

www.LeeEOC.com (emergency information)	Breaking New Alerts via RSS Feed AlertLee - Automated telephone notification system Know Your Zone - Evacuation Zone information
www.LeeEOC.com (forms and documents)	Special Needs Application (fill it out online) Family Emergency Plan (this document) All Hazards Guide

Social Media

Twitter	Follow @LeeEOC — the official account of the Lee County Emergency Operations Center www.twitter.com/LeeEOC
Facebook	Like the Lee County Public Safety page www.facebook.com/LeePublicSafety
YouTube	View department videos www.youtube.com/LeeCountyEOC

Smart Phone, iPad and Tablet Apps

AlertLee	Sign up at www.AlertLee.com to receive calls, emails, or texts about significant emergencies.
LeePrepares	Free through Apple or Android stores, this provides evacuation notifications and information, shelter locations, and preparedness resources.

Preparedness Checklist

Reliable sources of accurate, timely information are critical to developing and implementing your plans. The resources below have been developed by Lee County Emergency Management to assist in developing your plans and keeping you informed.

Printed information is available from many sources, including many local fire departments, government offices, public libraries and Lee County Emergency Management. Among the best of these printed materials is the **All Hazards Guide**.

Done	To Do	N/A	Inspect Your Home (Security/Fire/Weather):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Confirm that house numbers are easily visible from the street
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make sure outside lights work properly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remove/trim items that could conceal persons near your home
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean and maintain a 30-foot fire buffer around your home
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean gutters of flammable material
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspect roof — from top (shingles, tiles, vents, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspect roof — from attic (roof anchors, sheathing, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspect storm shutters / window protection (include tools)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspect garage door and bracing (include tools)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify utility shut offs and how to operate them (include tools)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify any special tools required and their location
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspect and prune or remove trees that could fall on your house
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider creating a safe room
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make any required repairs or improvements

Preparedness Checklist

Done	To Do	N/A	Create Your Plan(s) and Prepare Your Kit:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review or develop your family FIRE SAFETY plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review or develop your family HURRICANE plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secure waterproof containers for documents and supplies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secure coolers for food and ice (wheels and pull handles help)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Purchase a landline (old-fashioned) phone if you don't have one
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rotate and replace items from your supply kit to current use

Done	To Do	N/A	Inventory Household Contents and Review Insurance:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make an itemized inventory of your belongings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Photograph or video record your possessions (with date if possible)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review and update your insurance policies as needed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Record policy numbers and claims telephone number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copy important records for your supply kit

Done	To Do	N/A	Other Special Considerations:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan for any special medical needs you may have
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Update pet or service animal vaccinations and records
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Make plans for boats and/or RVs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Fire Safety Plan

Fires are one of the most common major home emergencies, so a fire safety plan is one of the most important parts of your preparedness efforts. With preparation and practice, you can survive a fire and return to normal more easily. Practice your plans at least once per year and anytime something changes with your home or family.

One of the most important pieces of safety equipment you can own is a working smoke detector. Treat all alarms as real until proven otherwise. If your smoke detector sounds, evacuate quickly. Entire houses can become involved in fire in minutes. Plan for and practice evacuations.

Consider babies and small children; elderly persons and/or others with limited mobility, as well as pets. How will these be evacuated and who is responsible? If you evacuate, do not re-enter the building, for any reason, until it is determined to be safe. Make your way to, and remain at, your predetermined evacuation location. Your evacuation location should be well away from the structure AND safely away from arrival routes for first responders.

Your local fire department may have additional resources and programs that can assist you in developing your fire safety plans. Contact them on their business line to find out about these additional resources.

Done	To Do	N/A	Inspect Your Home (Security/Fire/Weather):
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspect and test smoke detectors at least monthly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Replace smoke detector batteries every six months
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inspect fire extinguishers (condition and location)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider escape ladder(s) in second-floor locations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Train everyone to use fire extinguishers and escape ladders
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Create an evacuation plan for anyone with limited mobility
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identify a meeting location if you evacuate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plan how and where you will reunite with family if you are separated

Rendezvous and Alternate Communication Plans

Families could get separated during an emergency. List a local place to meet if you can't get back home. What should your children do if they are separated and cannot return home? Where should they go? Do you have good quality, recent pictures of your children with you?

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Local communication systems may fail. Text messages may work when phone calls do not. Consider adding text messaging capability to your cell phone and plan. Develop other alternate communication plans. Choose a local and an **out-of-state contact**. Provide them your contact information and tell others to contact them if they cannot contact you.

Local Contact Name	Telephone Number
Relationship	Address
Out-of-State Contact Name	Telephone Number
Relationship	Address

Rendezvous and Alternate Communication Plans

Identify a primary and secondary evacuation location and travel route.	
Primary Evacuation Destination	Secondary Evacuation Destination
Primary Evacuation Address	Secondary Evacuation Address
Primary Destination Travel Route	Secondary Destination Travel Route

NOAA Weather Radio All Hazards (NWR) is a nationwide network of radio stations broadcasting continuous weather information directly from the nearest National Weather Service office. These give official Weather Service warnings, watches, forecasts, and other hazard information 24 hours a day, seven days a week. To receive information even during power outages, you should have an emergency weather radio with batteries or a crank. They work even during the most damaging storms.

Identification codes for Lee and adjoining counties:

Fort Myers Channel 4 (162.475 MHz)

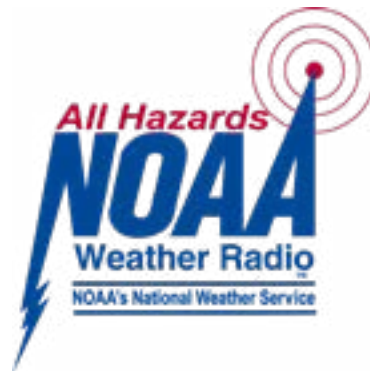
Lee - 012071

Collier - 012021

DeSoto - 012027

Charlotte - 012015

Hendry - 012051



WGCU-90.1 FM is the Southwest Florida affiliate of the Florida Public Radio Emergency Network. It will stay on the air during power outages and continue broadcasting information you need to stay safe.

Working with the Florida Division of Emergency Management and the Lee County Emergency Operations Center, WGCU will also provide frequent updates after a major weather event.

Prepare Your Documents

Have	Need	N/A	Important Documents for Everyone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver's License / Personal Identification
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Military ID / DD214
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Passports / Green Card / Naturalization Documents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Security Cards
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health and Medical Insurance Documents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disabilities Services Documentation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Marriage Certificates
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Will / Power of Attorney
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deed or Lease (for Proof of Residence)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Registration / Titles / Proof of Insurance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Property Insurance Documents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Life Insurance Documents

Most property owners have homeowners insurance coverage insuring them from catastrophic loss. However, a homeowners policy does not protect you from loss due to flooding or rising water.

To insure your home from flood (rising water), you must have a separate flood insurance policy. Lee County qualifies and participates in the National Flood Insurance Program.

If you do not have a flood insurance policy, check with your insurance agent for a price quote on your home and your personal property.

There is a 30-day waiting period before flood insurance becomes effective, unless you are purchasing a new home with a mortgage.

Prepare Your Documents

Have	Need	N/A	Important Documents for Children
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Birth Certificates
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Social Security Cards / Identification Cards
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Good Quality, Recent Photograph (digital preferred)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Immunization Records
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Health and Medical Insurance Documents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Child Custody Documents (if applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Last Report Card

Have	Need	N/A	Important Miscellaneous Documents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inventory of Household Items
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Backup Computer Data
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area Map / Places to Evacuate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Local Telephone Directory
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contact List of Phone Numbers and Addresses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Contact Information for Primary Doctor and Dentist
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Household Operating and Financial Information

Bank Account — Checking Account Number:	Bank Name
	Emergency Telephone Number
Bank Account — Savings Account Number:	Bank Name
	Emergency Telephone Number

Brokerage Account / IRA Account Number:	Bank Name
	Emergency Telephone Number

Credit Card 1 Account Number:	Bank Name
	Emergency Telephone Number

Credit Card 2 Account Number:	Bank Name
	Emergency Telephone Number

Mortgage Company Account Number:	Company Name
	Emergency Telephone Number

Power Company Account Number:	Company Name
	Emergency Telephone Number

Water Company Account Number:	Company Name
	Emergency Telephone Number

Health and Medical Insurance Account Number:	Name
	Emergency Telephone Number

Plan for Insurance Needs

Flood insurance is a good idea even if it is not required by your mortgage company. You may need two separate policies. One covers the structure and the other covers the contents.

What is the market value of your home?	\$
Does your policy provide full replacement value for your home?	
What is your total deductible amount (out-of-pocket cost)?	\$
Have you reviewed your insurance coverage in the last two years?	

What is the estimated value of the contents of your home?	\$
Does your policy provide full replacement cost for your contents?	
What documentation is required for your contents and property?	
Do you have a list of belongings with pictures and documentation?	
Do you have added riders for special items or increased coverage?	
Do you have an Additional Living Expense rider in your policy?	

Flood Insurance — Structure	Company Name
Policy Amount	Policy Number
Deductible Amount	Telephone Number for Claims

Flood Insurance — Contents	Company Name
Policy Amount	Policy Number
Deductible Amount	Telephone Number for Claims

Plan for Insurance Needs

Homeowners / Renters Insurance	Company Name
Policy Amount	Policy Number
Deductible Amount	Telephone Number for Claims

Homeowners Insurance — Wind (If Separate)	Company Name
Policy Amount	Policy Number
Deductible Amount	Telephone Number for Claims

House Safety

Consider the impact of hurricane winds on your home and consult a qualified expert if you have questions.

- | | |
|---|---|
| <ul style="list-style-type: none"> • When was your home built? • Where are you located? • How many stories is your home? • How strong are your walls? • What kind of roof do you have? • How is the roof connected to the walls? • How do you protect the openings in your home? | <p>Manufactured and Mobile Homes:</p> <ul style="list-style-type: none"> • Anchors are required per Florida law. • Check tie-downs at least once a year. • Review Florida Administrative Code 15C-1 for tie-down requirements. • Utility/storage sheds, carports, and other vulnerable structures need to be secured. • No matter how good your tie-downs are, evacuation is the best plan to save your life. |
|---|---|

Prepare Your Supplies

Have	Need	N/A	Basic Safety Equipment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NOAA Weather Radio
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kit and Instruction Book
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landline Telephone (no batteries or electricity required)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Battery-Powered Television with Antenna, Radio and Clock
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flashlights (LED type saves batteries)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Battery-Powered LED Lanterns or Chemical Light Sticks (no candles)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extra Batteries and Car Chargers (for all electronics)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Whistle (to signal for help if needed)

Have	Need	N/A	Basic Tools
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Basic Tool Kit (hammer, wrenches, screwdrivers, pliers, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Specialized Tools (for water, gas valves, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plastic Tarps (with grommets) or Roll Plastic Sheeting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assorted Screws, Nails, and Other Fasteners
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct Tape
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Canvas or Leather-Work Gloves

Prepare Your Supplies

Have	Need	N/A	Sanitation / Clean-Up Supplies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unscented Bleach (for cleaning and to disinfect water)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water for Cleaning
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Assorted Cleaners, Sanitizers, and Disinfectants
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rubber Gloves
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brushes, Brooms, and Mops
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Towels and Rags
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Plastic Garbage Bags
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bucket (with tight-fitting lid) for Emergency Toilet
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toilet Paper / Paper Towels / Sanitary Supplies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wet Wipes and Waterless Hand Sanitizer

Have	Need	N/A	Pet / Service Animal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water (one gallon, per pet, per day, for seven days)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cage or Carrier for Each Animal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Food and Treats
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Toys and Comfort Items
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clean-Up Supplies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Identification / Immunization Records / Photographs

Prepare Your Supplies

Have	Need	N/A	Personal Items
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sleeping Bags and/or Pillows and Blankets
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lawn Chairs / Folding Chairs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hot and Cold Weather Clothing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sturdy Closed-Toe Work Shoes (not sandals or flipflops)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rain Gear
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Hygiene (toothbrush, toothpaste, soap, deodorant, etc.)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Medications (prescription and over-the-counter)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spare Eyeglasses or Contacts (with cleaning solution and case)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Aid (with spare batteries)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entertainment (cards, books, quiet games)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Baby / Infant Needs (diapers, formula, baby food, cereal)

Food and Dirty Water: Do not eat food that has come in contact with dirty water from floods or tidal surges.

Commercial Cans of Food: Do not eat cans of food that are bulging or opened. Remove labels from and disinfect unopened cans. Assume home-canned foods are unsafe.

Baby Formula: Infants should only be fed ready-to-feed formula. You also can prepare powdered or concentrated liquid formula with sterilized water. Only use sanitized bottles and nipples. Unused formula must be refrigerated. If breastfeeding, continue to do so.

Frozen or Refrigerated Foods: If refrigerators or freezers have had no power since the storm, clean them out. Perishable foods are unsafe for eating.

Have	Need	N/A	Food Service Needs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drinking Water (one gallon, per person, per day, for seven days)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Nonperishable Food
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manual Can Opener
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Juice / Soft Drinks / Instant Coffee or Tea / Dry Milk
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Camp Stove or Grill (with fuel) — Outdoor Use Only
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lighter / Waterproof Matches
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pots / Pans / Cooking Utensils
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Aluminum Foil
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disposable Plates, Cups, and Utensils
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooler for Food Storage (wheels make moving easier)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cooler to Transport Ice (wheels make moving easier)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Freeze Water in Jugs or Ziploc Bags to Keep Food Cool

Have	Need	N/A	Miscellaneous Items
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spare Keys (complete set for home, vehicles, and boats)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pens and Pencils / Paper for Writing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Important Papers / Keepsakes / Photos
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coins, Cash, Credit Cards, and Travelers Checks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prepaid Phone Cards
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maps and Evacuation Information

Plan for Babies

(Use the table to calculate how much you need. Have at least a one-week supply.)

Baby Formula		
Amount Used Daily:	Multiply by 7 Days:	Amount Needed per Week:

Baby Bottles / Nipples		
Amount Used Daily:	Multiply by 7 Days:	Amount Needed per Week:

Baby Food		
Amt/Jars Used Daily:	Multiply by 7 Days:	Amount Needed per Week:

Sterile Water / Water		
Amount Used Daily:	Multiply by 7 Days:	Amount Needed per Week:

Baby Diapers		
Amount Used Daily:	Multiply by 7 Days:	Amount Needed per Week:

Baby Wet Wipes		
Amount Used Daily:	Multiply by 7 Days:	Amount Needed per Week:

Medication Log for Babies

Name of Medication	Dosage and Times	Reason for Taking	Size, Shape, Color
Prescribed by Doctor	Doctor Telephone	Refill Number	Pharmacy and Telephone

Name of Medication	Dosage and Times	Reason for Taking	Size, Shape, Color
Prescribed by Doctor	Doctor Telephone	Refill Number	Pharmacy and Telephone

Name of Medication	Dosage and Times	Reason for Taking	Size, Shape, Color
Prescribed by Doctor	Doctor Telephone	Refill Number	Pharmacy and Telephone

Menu Planner

Plan a 7-day menu for your family. Avoid items that require refrigeration
Create a list of supplies, go shopping, and pack them in your hurricane kit.

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Breakfast							
Lunch							
Dinner							
Snacks							

Plan for Special Medical Needs

Do you take any prescription medication? If yes, list them on the Medication Log.

Do you take any over-the-counter medications? If yes, list them on the Medication Log.

Do you have at least a two-week supply of your medicine? How will you get your medicine replaced or refilled if it is lost or if you run out?

What will happen if you are away from home and have no access to your regular doctor and pharmacy? What if your doctor or pharmacy is impacted and not available?

If you answer yes to some of the following questions, you should consider registering with the Lee County Special Medical Needs Program. The service is free. Call 239-533-0640 for more information.

Do any of your medications need to be refrigerated? If yes, how will you do that without normal power (battery-powered refrigerator, cooler with ice, dry ice)? Where will you get the things you need? How long can you keep your medicine without regular power?

Supplier Name

Your Account Number

Normal Telephone Number

Emergency Telephone Number

Do you use any Durable Medical Equipment? If yes, complete the following.

Supplier Name

Your Account Number

Normal Telephone Number

Emergency Telephone Number

Plan for Special Medical Needs

Do you use Oxygen? If yes, complete the following:

What is the cylinder size? Do you keep spare cylinders? How long will your supply last? How will you get more if needed? Do you have sufficient delivery equipment (cannulas, etc.)?

Supplier Name

Your Account Number

Normal Telephone Number

Emergency Telephone Number

Do you use an electric wheelchair or scooter? If yes, complete the following. Do you have extra batteries?

Supplier or Repair Service Name

Your Account Number

Normal Telephone Number

Emergency Telephone Number

Do you use a manual wheelchair or can you substitute a manual chair for your electric model if needed? If so, complete the following:

Supplier Name

Your Account Number

Normal Telephone Number

Emergency Telephone Number

Depending on your chair type and specific needs, here are additional items to consider.

- **Portable Ramp**
- **Heavy gloves for use while possibly wheeling over broken glass and debris**
- **A spare chair battery and/or adapter for recharging your battery from a vehicle**
- **Tire patch kit and portable air compressor or canned “seal-in-air” to replair flat tires**
- **Spare cane or walker (if appropriate) in case your chair becomes unusable**

Plan for Special Medical Needs

Do you rely on other battery-powered equipment (hearing aids, alarms, phone alerts)? If yes, do you have spare batteries for them? Can you get replacement batteries easily or do they have to be special ordered? If they must be special ordered, complete the following:

Supplier Name	Your Account Number
Normal Telephone Number	Emergency Telephone Number

Do you use any other electrical equipment that is critical to your wellbeing? What will happen if you lose power? Is there a manual or battery-operated substitute you can use?

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Do you use disposable or limited-use items (i.e. dressings, catheters, cannulas, adult diapers)? If yes, do you have at least a two-week supply? If you run out where will you get more?

Supplier Name	Your Account Number
Normal Telephone Number	Emergency Telephone Number

Do you dislike driving in heavy traffic or have problems driving? If yes, who will you rely on for transportation? If you need transportation assistance, please register with the Special Medical Needs Program for transport only.

Driver or Company Name	Your Account Number if Needed
Normal Telephone Number	Emergency Telephone Number

If you must relocate out of this area, will your answers to the previous questions change? Do you need to make additional plans?

Plan for Special Medical Needs

Do you have special dietary needs? If so, use the Menu Planner to develop a supply list.

Have you contacted all your health providers and discussed your plans with them?

Do health providers have complete contact information for you (routine and emergency)?

Have you identified your out-of-area contact to them and provided contact information?

Do health providers have plans to continue your care after disaster? What are the plans?

If you need care in a hospital, make prior arrangements with your doctor.

Have you completed the Special Medical Needs application?

What is your Special Medical Needs Shelter assignment?

You must have a caregiver to be in a Special Medical Needs Shelter. Who is yours?

If you do not live with your caregiver, how will you contact them?

Do you have a Service Animal? If yes, complete the Service Animal form.

Notes

Medication Log

(Use the table to calculate how much you need. Have at least a one-week supply.)

Name of Person Taking the Medications	Date this Form was Completed or Updated

Primary Care Physician	Your Account Information (if needed)
Regular Telephone Number	Emergency Telephone Number

Name of Medication	Dosage and Times	Reason for Taking	Size, Shape, Color
Prescribed by Doctor	Doctor Telephone	Refill Number	Pharmacy and Telephone

Name of Medication	Dosage and Times	Reason for Taking	Size, Shape, Color
Prescribed by Doctor	Doctor Telephone	Refill Number	Pharmacy and Telephone

Name of Medication	Dosage and Times	Reason for Taking	Size, Shape, Color
Prescribed by Doctor	Doctor Telephone	Refill Number	Pharmacy and Telephone

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Name of Medication	Dosage and Times	Reason for Taking	Size, Shape, Color
Prescribed by Doctor	Doctor Telephone	Refill Number	Pharmacy and Telephone

Medication Log

(Use the table to calculate how much you need. Have at least a one-week supply.)

Name of Person Taking the Medications	Date this Form was Completed or Updated

Primary Care Physician	Your Account Information (if needed)
Regular Telephone Number	Emergency Telephone Number

Name of Medication	Dosage and Times	Reason for Taking	Size, Shape, Color
Prescribed by Doctor	Doctor Telephone	Refill Number	Pharmacy and Telephone

Name of Medication	Dosage and Times	Reason for Taking	Size, Shape, Color
Prescribed by Doctor	Doctor Telephone	Refill Number	Pharmacy and Telephone

Name of Medication	Dosage and Times	Reason for Taking	Size, Shape, Color
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Name of Medication	Dosage and Times	Reason for Taking	Size, Shape, Color
Prescribed by Doctor	Doctor Telephone	Refill Number	Pharmacy and Telephone

Plan for Animals

Pet sheltering will be available during every event on a first come, first served basis for pets and their owners residing in areas or structures under mandatory evacuation orders. Locations of shelters may vary. Contact Lee County Animal Services at 239-533-7387 for more information.

Animals are allowed in all shelters. The owner is responsible for maintaining control of the animal and providing food, water, and other animal needs.

Some motels and hotels allow pets. Research locations (including locations outside our immediate area) in case local facilities are closed or full. Make your reservations early. Helpful websites include www.akc.org and www.petswelcome.com.

Gather the following supplies. Make sure you have separate supplies for each animal. Even animals that normally get along well together should be handled and caged separately.

- A sturdy cage or carrier for each animal — label it with your contact information
- One-week supply of food and water in spill-proof containers with a manual can opener
- Nonspill food and water bowls
- Medications (including heartworm and flea and tick preventative)
- Leash with collar and/or harness and a muzzle for cats and dogs
- Comfort items (favorite toy, blanket, treats)
- Sanitary cleanup supplies (cat litter, pan and scoop, plastic bags, paper towels, newspaper)
- First Aid kit and manual (available at pet stores or call your vet)

Gather and store important records and documents in waterproof containers.

- Ownership papers
- Recent, good quality pictures from all angles (many animals look alike to strangers)
- Up-to-date veterinary and vaccination records
- Make sure your animal wears a collar with rabies tags and identification tags as appropriate
- RFID information (ask your vet about this)

Collect and record important information as part of this plan.

Veterinarian Name and Emergency Telephone Number	
RFID Chip Identification Number	
Tattoo ID Number (if applicable)	
Rabies Tag Number (for each animal)	

Create a Family Hurricane Plan

A personal safety plan can make your family safer during hurricane season.

First, know your EVACUATION ZONE, designated by a single letter A, B, C, D, or E. (See the current **All Hazards Guide** or use the LeePrepares smartphone app.)

Next, know your home's vulnerability to **fresh water flooding** and **wind**. Your plan is based on this knowledge. The following options will help guide your decision to stay at home or evacuate.

Option A Stay at home. If your home can withstand the expected winds, and you are away from the coast and not in a flood-prone area, consider staying home.
Never stay in your home if your area is under an EVACUATION ORDER.

Option B Stay with a relative, friend, or hotel outside the evacuation area. If you plan to do this, make arrangements in advance. Consider where you will go if the friend or relative is not home.

Option C Relocate out of the area. Local officials will tell you which evacuation routes to use. Plan your route ahead of time, also plan alternate routes. Include maps and directions in your hurricane kit. Leave early to avoid high winds and flooding.

Option D Go to a public shelter if you have no safe place to go. Local media will announce which shelters are open. Do not wait until the last minute to learn the route to the shelter.

- Evacuate if ordered.
- If you live in an older mobile home or on a boat, you must evacuate.
- Execute your family plan.
- Respond quickly but without panic.

Gather and record important information in this booklet to create your Family Hurricane Plan. This plan will help you and your family prepare for Hurricane Season.

After your plan is complete, discuss it with everyone involved and keep a copy in your Hurricane Kit.

**What is the Storm Surge Evacuation Zone where your home is located?
(See the current *All Hazards Guide* or LeePrepares app.)**

What is the finished floor elevation for your home's first floor?

Hurricane Preparedness Checklist

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	I live in Storm Surge Evacuation Zone A.
<input type="checkbox"/>	<input type="checkbox"/>	I live in an older mobile or manufactured home.
<input type="checkbox"/>	<input type="checkbox"/>	I live in an RV or onboard a boat.
<input type="checkbox"/>	<input type="checkbox"/>	I live on an island.
<p>If you answered YES to any of these, you are in the group most likely to be evacuated for any storm because you are at risk for both wind and surge. You will be among the first to evacuate. Keep your plan handy, prepare your supplies and evacuate immediately if ordered.</p>		

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	My home does not have storm shutters or other code-approved window protection.
<input type="checkbox"/>	<input type="checkbox"/>	My home does not have a hurricane-rated garage door.
<input type="checkbox"/>	<input type="checkbox"/>	My home has a gabled roof.
<p>If you answered YES to any of these, you should protect and strengthen those areas. If you have not addressed these, you should probably evacuate.</p>		

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	I am required to purchase flood insurance.
<input type="checkbox"/>	<input type="checkbox"/>	My home was built prior to 2003.
<input type="checkbox"/>	<input type="checkbox"/>	My home has two or more stories constructed of different materials (i.e. CBS lower story and wood-framed upper story).
<input type="checkbox"/>	<input type="checkbox"/>	There are large trees that could hit my house if they blew over.
<input type="checkbox"/>	<input type="checkbox"/>	I live in a building with an elevator and would have a hard time getting in and out if the elevator did not work.
<p>If you answered YES to any of these, you or your home may be vulnerable to the impact of a hurricane. You should consider evacuation.</p>		

Hurricane Preparedness Checklist

Hurricane Season

Yes	No	N/A	June 1st or Just Before the Start of Hurricane Season
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Review your plan before the start of hurricane season.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Get familiar with your evacuation route and preferred location.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keep your prescriptions full and up-to-date (including OTC meds).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pack a First Aid Kit, include sunscreen and insect repellent.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Get a car charger (or solar charger) for your cell phone.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post emergency numbers by each phone and in your supply kit.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Keep your vehicles fueled.

Yes	No	N/A	72 Hours Before the Storm
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold a family meeting to discuss your plans and options.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitor local TV or radio and listen for evacuation orders.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check food and other supplies.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Withdraw cash from bank.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pay bills that are due soon.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you plan to go to a hotel, make your reservations.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fill your car's fuel tank, check tire pressure and fluid levels.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Write down phone numbers of family/friends.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gather valuables to take with you or put them in a safe place.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start freezing water in containers or Ziploc bags (fill freezer).

Hurricane Preparedness Checklist

Hurricane Season

Yes	No	N/A	48 Hours Before the Storm (Hurricane Watch Issued)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Turn your refrigerator and freezer to the coldest setting.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pack clothes (for hot/cool weather; sturdy shoes and rain gear).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Move patio furniture and other loose items indoors.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Monitor TV and radio for weather information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Install window shutters.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Continue monitoring local TV and radio for current information.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Take down awnings and canopies.

Yes	No	N/A	36 - 24 Hours Before the Storm (Hurricane Warning Issued)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If you are staying in your home, put supplies in the safe room.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fill bathtub with water (for sanitary use, not drinking).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Super chlorinate your swimming pool (do not drain it).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If evacuating, pack your car.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If evacuating, turn off water/electricity (empty fridge/freezer).

Plan for Boats and RVs

Do not weather the storm in your boat, RV, or mobile home. Develop a detailed plan to secure your vessel well before hurricane season. Practice your plan. Take action early. The storm's fringe activity will make preparations more difficult.

Done	Do not weather the storm in your boat.
<input type="checkbox"/>	Consolidate all records (recent photo, registration, insurance policies, equipment inventory, and marina or storage agreement) and important telephone numbers.
<input type="checkbox"/>	Check your lease or storage rental agreement. Know your responsibilities and liabilities, as well as those of the marina.
<input type="checkbox"/>	If possible, do not leave boats on davits or on a hydro lift.
<input type="checkbox"/>	Move small boats to safe shelter or put your boat in the garage if you have room.
<input type="checkbox"/>	If your boat remains in berth, check the integrity of the primary cleats, winches, and chocks. Use substantial backing plates and adequate stainless steel bolts.
<input type="checkbox"/>	Double all lines with crossing spring lines fore and aft. Attach lines high on pilings to allow for surge. Protect lines from chafing with heavy duty chafing gear.
<input type="checkbox"/>	Charge batteries for automatic bilge pumps.
<input type="checkbox"/>	Seal all openings with duct tape to make boat as watertight as possible.
<input type="checkbox"/>	Use heavy-duty dock fenders to reduce dock and piling crash damage.
<input type="checkbox"/>	Remove loose gear from the deck. Store it securely inside or at home.
<input type="checkbox"/>	For a boat on a trailer, lash the boat and trailer down in a protected area. Let the air out of the tires before tying the trailer down. Place blocks between the frame and axle, inside each wheel. Secure with heavy lines to fixed objects in all four directions. Small boats may be filled with water for added weight after lashing down.
<input type="checkbox"/>	Remove the outboard motor, battery, and electronics. Store them.

Plan for Boats and RVs

Done	Do not weather the storm in your mobile home, travel trailer or RV.
<input type="checkbox"/>	Check tie downs.
<input type="checkbox"/>	Put up storm shutters.
<input type="checkbox"/>	Stow or secure awnings, antennae or other attached items.
<input type="checkbox"/>	Secure all loose articles in yards and around the unit.
<input type="checkbox"/>	Inspect your vehicle to ensure it's roadworthy and leave early if evacuating.

Boat / RV Insurance	Company Name
Policy Amount	Policy Number
Deductible Amount	Telephone Number for Claims

Preparation Tips

- Practice how to secure your boat in the marina.
- Check your lease or boat storage agreement.
- Know your responsibilities and liabilities.
- Gather your records and insurance policies.
- Have a boat photo and the Hull ID Number (HIN#).
- Know how to contact the harbor master and Coast Guard.
- Write your phone number on paddle boards, kayaks, and life jackets.

Important Phone Numbers and Websites

Phone Numbers	Normal Business	Emergency
American Red Cross (Local Chapter)	239-278-3401	
Arson Alert Hotline	800-342-5869	800-342-5869
Blood Donor Center — Oneblood	888-9-DONATE	
— Lee Health Blood Center	239-343-2333	
Cape Coral Emergency Management	239-573-3022	911
Cape Coral Police Department (Non-Emergency)	239-574-3223	911
Federal Emergency Management Agency	800-621-3362	800-462-7585
Florida Division of Emergency Management	850-413-9969	
Florida Health Department — Lee County	239-332-9501	239-332-9501
Fort Myers Police Department	239-321-7700	911
Lee County Domestic Animal Services (LCDAS)	239-533-7387	239-533-7387
Lee County Emergency Information Hotline/United Way 211	239-433-2000	211
Lee County Emergency Management	239-533-0622	239-533-0622
Lee County Government	239-533-2111	
Lee County Public Safety & EMS	239-533-3911	911
Lee County Sheriff's Office	239-477-1000	911
Mobile or Manufactured Home Residents	850-617-3004	
National Weather Service/Tampa Bay	813-645-2323	
Poison Information	800-222-1222	800-222-1222
Salvation Army	239-278-1551	239-278-1551
Sanibel Police Department	239-472-3111	911
State Department of Financial Services (Insurance)	239-461-4001	800-22-STORM
Traffic Conditions in Florida (Current)	511	511
United Way of Lee, Hendry, Glades & Okeechobee Counties	239-433-2000	211

Websites	
American Sign Language Preparedness Videos	www.leegov.com/publicsafety
Community Emergency Response Teams (CERT)	www.ready.gov/cert
Florida Lightning Safety	www.weather.gov/safety/lightning
Mobile or Manufactured Home Residents	www.flhsmv.gov/mobilehome
State Department of Financial Services (Insurance)	www.myfloridacfo.com
StormReady	www.weather.gov/stormready
U. S. Department of Homeland Security	www.dhs.gov

Household Inventory

Home Electronics - Computer Equipment				
Item	Brand / Model	Serial Number	Date	Price
Television				
Video Receiver				
Receiver / Amplifier				
Speakers				
CD Player				
DVD Player				
VCR				
Digital Recorder				
CDs / DVDs / Tapes				
Game System				
Computer				
Printer / Scanner				
Network Router				
Modem				
Network Adapters				
Software				
Camera - Digital				
Camera - Film				
Camera - Video				

Household Inventory

Home Appliances				
Item	Brand / Model	Serial Number	Date	Price
Refrigerator				
Freezer				
Stove				
Oven				
Microwave				
Mixer				
Food Processor				
Blender				
Toaster				
Toaster Oven				
Can Opener				
Coffee Maker				
Pots and Pans				
Clock				
Telephone				
Washer				
Dryer				
Electric Toothbrush				
Hair Dryer				
Electric Shaver				
Curlers				

Household Inventory

Home Furnishings - Review Each Room (use additional pages as needed)				
Item	Brand / Model	Serial Number	Date	Price
Sofas				
Chairs				
Cabinetry				
Bookcase				
Books				
Lamps				
Rugs				
Mirrors				
Curtains / Draperies				
Tables				
Telephone				
Dining Table				
Dining Chairs				
China / Silverware				
China Hutch				
Cabinetry				
Lighting				
Bed Frame				
Mattress / Springs				
Dresser / Chests				
Tables				
Mirrors				
Bookcase				
Nightstand				

Household Inventory

Sports Equipment - Firearms (may require additional coverage)				
Item	Brand / Model	Serial Number	Date	Price

Antiques - Musical Instruments - Furs - Collectibles (may require additional coverage)				
Item	Brand / Model	Serial Number	Date	Price

Household Inventory

Cars - Trucks				
Item	Brand / Model	Serial Number	Date	Price
Satellite Radio				
Radar Detector				
Automobile GPS				
CB Radio				

Boats - RVs				
Item	Brand / Model	Serial Number	Date	Price
Marine Radio				
EPIRB				
Marine GPS				
Radar				
Sonar				
CB Radio				
Television				
Stereo				

