



# HOME EVACUATION KIT CHECKLIST

## SECTION I: DOCUMENT COPIES

IDENTIFICATION					
DOCUMENT NAME OR TITLE	HAVE IT		NEED IT		N/A
Driver's License(s) NAME: _____					
NAME: _____					
NAME: _____					
State ID Card(s) NAME: _____					
NAME: _____					
NAME: _____					
Social Security Card(s) NAME: _____					
NAME: _____					
NAME: _____					
NAME: _____					
Birth Certificate(s) NAME: _____					
NAME: _____					
NAME: _____					
NAME: _____					
Marriage Certificate					
Work Authorization(s) NAME: _____					
NAME: _____					
NAME: _____					
Passport(s) NAME: _____					
NAME: _____					
NAME: _____					
NAME: _____					
CIS Documents					

INSURANCE CARDS/POLICIES					
DOCUMENT NAME OR TITLE	HAVE IT		NEED IT		N/A
Health/Medical Insurance					
Prescription Coverage					
Homeowner's Insurance					
Renters Insurance					
Vehicle Insurance					
Other Insurance #1					
Other Insurance #2					
Other Insurance #3					

FINANCIAL DOCUMENTS and RESOURCES					
DOCUMENT NAME OR TITLE	HAVE IT		NEED IT		N/A
Savings Account Statement(s)					
Checking Account Statement(s)					
Credit Card Statement(s)					
Credit Card(s)					
Debit Card(s)					
Investments					
Emergency Cash (\$ _____)					



# HOME EVACUATION KIT CHECKLIST

MEDICAL DOCUMENTS					
DOCUMENT NAME OR TITLE	HAVE IT		NEED IT		N/A
Prescription(s)	NAME: _____ )				
	NAME: _____ )				
	NAME: _____ )				
	NAME: _____ )				
Immunization Records	NAME: _____ )				
	NAME: _____ )				
	NAME: _____ )				
	NAME: _____ )				
Medical Directive(s)					

MISCELLANEOUS DOCUMENTS					
DOCUMENT NAME OR TITLE	HAVE IT		NEED IT		N/A
Professional/Occupational License					
Adoption Decree					
Foster Care Agreement					
Divorce Decree					
Child Custody Agreement					
Order of Protection					
Map					
Will					
Power of Attorney					
Other Document ( _____ )					
Other Document ( _____ )					

IMPORTANT CONTACT INFORMATION			
NAME OF BUSINESS OR INDIVIDUAL	RELATIONSHIP or FUNCTION	E-MAIL	PHONE/CELL
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			



# HOME EVACUATION KIT CHECKLIST

**SECTION II: MATERIALS, SUPPLIES, and EQUIPMENT**

ITEM NAME or DESCRIPTION	HAVE IT	NEED IT	N/A
Food: Enough, per person, for a minimum of 12-24 hours. (Cereal bars, granola bars, energy/meal replacement bars, etc.)			
Water: Enough, per person, for a minimum of 12 - 24 hours.			
First Aid Kit/Supplies - tailored to your or your family's needs.			
Change of clothing, one per person, appropriate for the weather.			
Cellular Phone AND Car Charger.			
Prescription Medications, a minimum of 3 day's worth per prescription.			
Prescription #1:			
Prescription #2:			
Prescription #3:			
Prescription #4:			
Prescription #5:			
NOAA Weather Alert Radio.			
Flashlight, one per person, and additional batteries.			
Personal Care Items.			
Items Specific to People with Special Needs. (Items for babies/small children, elderly persons, disabled persons, etc.)			
Item:			
Item:			
Item:			
Item:			
Item:			
Item:			
Item:			
Item:			
Other items or materials, specific to your family or circumstances:			
Item:			
Item:			
Item:			
Item:			
Item:			
Item:			
Item:			
Item:			
Item:			