



Siena Adoption Services

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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: Jennifer Bible

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:

Applicants Signature:

Printed Names:
