

# GUARDIANSHIP DISASTER PLAN

Date of Plan \_\_\_\_\_

Photograph  
2 x 2

Attach Here

Ward's Name: \_\_\_\_\_

Ward's Case #: \_\_\_\_\_

Address and Phone: \_\_\_\_\_

Aliases: \_\_\_\_\_

Identifying Factors: (ie: scars, tattoos) \_\_\_\_\_

DOB: \_\_\_\_\_

Eye/Hair Color: \_\_\_\_\_

Height/Weight/Sex: \_\_\_\_\_

Race//Religion: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Medicare Number: \_\_\_\_\_

Additional Insurance: \_\_\_\_\_

Physician's Name and Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Disabilities and Impairments: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

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

Phone Numbers: (Cell) \_\_\_\_\_ (Home) \_\_\_\_\_ (other) \_\_\_\_\_

Living Will: Yes  (attach copy \_\_\_\_\_

No  \_\_\_\_\_

Attorney's Name and Phone: \_\_\_\_\_

In case of evacuation, where will ward be relocated to (provide address and telephone number) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_