

# GUARDIANSHIP DISASTER PLAN

Date of Plan:

Attach 2" x 2" Photograph Here

## WARD INFORMATION

Name: Case Number:  
Address: Telephone Number:  
Date of Birth: Eye/Hair Color:  
Sex: Height/Weight:  
Identifying Scars/Marks: Race:  
Aliases: Religion:  
Social Security Number: Medicare Number:  
Additional Insurance:  
Allergies:  
Medications:

Disabilities/Impairment/Diagnosis:

Living Will:  Yes (attach copy)  No  
Physician's Name: Telephone Number:  
Address:

Where will Ward be relocated in the event of an evacuation:  
Address:  
Telephone Number:

## GUARDIAN INFORMATION

Name:  
Address:  
Cell Phone: Home Phone: Other:

## ATTORNEY INFORMATION

Name:  
Telephone Number: