

# Household Readiness Summary Plan



## Household Information

Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical conditions and allergies \_\_\_\_\_

Other people or pets in my home & their needs \_\_\_\_\_

My emergency contact name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## Supports and Services

My carer's name / who I provide care for \_\_\_\_\_ Carer's phone \_\_\_\_\_

What they will help me with \_\_\_\_\_ Aged care / NDIS number \_\_\_\_\_

Home care provider name \_\_\_\_\_ Home care provider phone \_\_\_\_\_

Service they provide \_\_\_\_\_

I have shared this plan with my:

Carer/s	Doctor	Family	Neighbours	Service Provider
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## Leave Early

My trigger to leave for **bush fire** \_\_\_\_\_ I will leave early and go to \_\_\_\_\_

My trigger to leave for **flood** \_\_\_\_\_ I will leave early and go to \_\_\_\_\_

I will get there by \_\_\_\_\_

**Option 1:** Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Option 2:** Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

## Stay

If I **CHOOSE** to **STAY** or become isolated, I need

Days of medication \_\_\_\_\_ Food/water \_\_\_\_\_ Power backup \_\_\_\_\_ **Other** \_\_\_\_\_

## Evacuate

**I WILL GO TO THE NEAREST EVACUATION CENTER OR RFS SAFER PLACE**

## Location of Medication

Belongs to name

MEDICATION DETAILS					
Name of Medication	Critical to my health		Dose Information e.g With food etc. Mark anything you cannot take with medication.		
	Y	N	AM	PM	Other

My doctor

My chemist

Any allergies or other important information

*Examples: Doctor, workplace contact, school contact, advocate, power of attorney, guardian, solicitor.*

EQUIPMENT DETAILS			
My list of equipment	Critical to my health		Use, maintenance or repair considerations
	Y	N	

Other

Location of Go-Kits

*Note: This project received funding from the Australian Government.*