

GUARDIANSHIP DISASTER PLAN

Photograph

2 x 2

Attach Here

Date of Plan _____

1. Ward's Name: _____
2. Ward's Case #: _____
3. Address and Phone: _____
4. Aliases: _____
5. Identifying Factors: _____
6. Date of Birth: _____
7. Eye/Hair Color: _____
8. Height/Weight/Sex: _____
9. Race/Religion: _____
10. Medicare Number: _____
11. Additional Insurance: _____
12. Physician's Name and Phone: _____
13. Allergies: _____
14. Disabilities and Impairments: _____
15. Guardian's Name: _____
16. Address: _____
17. Phone: _____
18. Email Address: _____
19. Living Will: No _____
20. Attorney's Name and Phone: _____
21. In case of evacuation, where will ward be relocated to? (provide address/phone number) _____

