Vulnerable Household Members Needs Planner

1. Infants

Formula Brand: _____

Approved Alternatives: _____

Diaper Size: _____

Prescription Items: _____

Food Brands Tolerated: _____

Feeding Supplies: _____

2. Seniors & Disabled

Medications:

Medication	Dosage	Prescriber

Dietary Restrictions: _____

Equipment & Battery Needs: _____

Emergency Contacts: _____

3. Special Medical Needs

Condition / Diagnosis: _____

Medications: _____

Equipment / Supplies: _____

Dietary Requirements: _____

Emergency Contacts: _____

4. Pets

Food Brand: _____

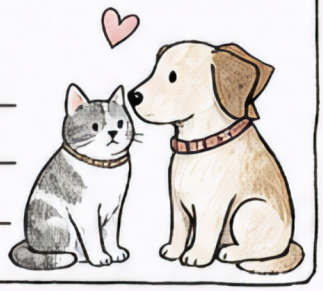
Approved Alternatives: _____

Medications: _____

Veterinarian Contact: _____

Vaccination Records Location: _____

Evacuation Notes: _____



Our people (and pets) depend on us. Plan today, be prepared, give peace of mind.