

STATE OF WISCONSIN  
Department of Health and Family Services  
Division of Children and Family Services

To: Area Administrators/ Human Services Area Coordinators  
Bureau Directors  
Child Placing Agency Directors  
Child Welfare Agency Directors  
County Departments of Community Programs Directors  
County Departments of Developmental Disabilities Services Directors  
County Departments of Human Services Directors  
County Departments of Social Services Directors  
Indian Child Welfare Directors  
Section Chiefs/Licensing Chiefs  
Tribal Chairpersons/Human Services Facilitators

From: Reggie Bicha   
Administrator

Re: Resource Family Disaster Plan – Template for Imaging

One of the provisions in the Child and Family Services Improvement Act of 2006 requires states to be able to identify, locate, and continue availability of services for children under state care or supervision who are displaced or adversely affected by a disaster. Counties and the Bureau of Milwaukee Child Welfare (BMCW) requested the ability to image family, provider, and/or youth disaster plans in eWiSACWIS to help comply with these federal requirements. The Division of Children and Family Services (DCFS) is announcing the ability for counties to image these documents in eWiSACWIS as part of the 03/24/2008 eWiSACWIS release.

A *Resource Family Disaster Plan* template document that counties may use or modify to meet their needs is attached and also available as Appendix C, on Page 53, of The Children's Bureau publication, *Coping with Disasters and Strengthening Systems—A Framework for Child Welfare Agencies*. This publication is available at the following web address: <http://muskie.usm.maine.edu/helpkids/rcpdfs/copingwithdisasters.pdf>

Ideally, the disaster plans should include:

- where the family, provider, or youth would go in an evacuation (2 locations—one nearby and one out of the area);
- phone numbers and other contact information (e.g. e-mail);
- contact information of someone who will know where they are (e.g., out of area relative, friend);
- what they will take with them, including medication and medical equipment; and
- toll free phone numbers they will call to check in with the agency or worker.

For technical assistance, please review the eWiSACWIS User Guide – Case Work Imaging, which can be found at: <https://dcf.wisconsin.gov/knowledgeweb/training/ewisacwis-user-guides/case-work?accactive=11>

REGIONAL OFFICE CONTACT: DCF Area Administration

CENTRAL OFFICE CONTACT: Out of Home Care Section Chief  
Division of Safety and Permanence  
Bureau of Permanence and Out of Home Care  
608-422-6930

PROGRAM AREA LIAISON: <https://dcf.wisconsin.gov/knowledgeweb/home/contacts>

eWiSACWIS HELP DESK: <https://dcf.wisconsin.gov/knowledgeweb/helpdesk-home>

MEMO WEB SITE: <https://dcf.wisconsin.gov/cwportal/policy>

Attachment: Resource Family Disaster Plan Template Document

## RESOURCE FAMILY DISASTER PLAN

Resource Family Name: \_\_\_\_\_

This document contains my plans if I am required to leave my home address due to a natural disaster or catastrophic event.

### **If I need to evacuate my home, I would relocate to:**

FIRST CHOICE: (name of friend or family if relocating to a residence, address, phone number, alternate phone number, other contact information – email, other)

\_\_\_\_\_

If I am not able to go there, my SECOND CHOICE would be: (address, phone number, alternate phone number, other contact information – email, etc.)

\_\_\_\_\_

Other means of contacting me:

Cell phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Contact information for person with whom I would be in touch in case of an emergency and who the agency could contact if necessary: (e.g., family member or friend, living outside of the immediate area)

\_\_\_\_\_

I understand that there are critical items I am urged to take with me when we evacuate.

These include:

- agency contact information (e.g. agency emergency contact number)
- my children's medical information (e.g. prescriptions, recent medical reports, physician's name and contact information, immunization history)
- educational records
- identifying information for the child including citizenship information
- court order giving the agency custody of any children in my home at the time of the event

I understand that I am required to check in with the (Agency Name). I can use these toll free numbers: (Add phone numbers).

I understand that should any of the information included in this plan change that I am to update the form within 14 days of the change and provide the agency with the update.

Signature:

\_\_\_\_\_

Print Name:

\_\_\_\_\_

*This document is offered as a basic starting point for agencies considering developing a form for resource families to use as part of an overall strategy to improve emergency preparedness. It should be modified to meet the needs of individual agencies. National Child Welfare Resource Center for Organizational Improvement / A service of the Children's Bureau, U.S. Department of Health and Human Services.*