

# Emergency Preparedness Plan

Operator: \_\_\_\_\_ Phone: \_\_\_\_\_

ACH Address: \_\_\_\_\_

Back-Up Operator: \_\_\_\_\_ Phone: \_\_\_\_\_

Medication Storage Location: \_\_\_\_\_

Go Bags Location: \_\_\_\_\_

Shelter in Place Supplies Location: \_\_\_\_\_

Relocation Address: \_\_\_\_\_

## **Report a relocation: Adult Care Home Program**

Leave your Name, phone number, relocation address.

**503-988-3000 business hours**

**503-988-3646 after hours**

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