



EMERGENCY PREPAREDNESS DOCUMENT CHECKLIST

Cluster:

Captain:

Name of Member:

Address:

Phone:

_____ Overview of Dupont Circle Village Emergency Preparedness Program #1

_____ Emergency Contact Information #2

_____ Emergency Health Information sheet #3

_____ Emergency Preparedness Go Bags #4 / Where is it kept?

_____ Health Care Power of Attorney or name & contact of person holding the HC
POA

_____ Living Will

_____ Power of Attorney

_____ How to access the home if needed e.g. – key with neighbor? DCV Captain?
Someone else? Name, contact information

_____ List what is left to do

_____ Finished Date: _____

Pets:

_____ What type of pet(s)?

_____ Name of Pet(s)

_____ Where should pets go?

Name:

Address:

Phone:

Vet:

_____ Diet and or Medical Issues