

Disaster Planning Toolkit for Clients and Providers

Instructions for Providers

This toolkit is a guide for a planning conversation with your clients about preparing for future climate-related events (e.g., wildfires, floods, heat waves, etc.).

This sheet is printed on the front and back. The top portion is for your use, and as a record for the client’s file when applicable. The bottom portion, to be cut off along the dotted line, is for the client to take with them and retain.

Please help the client fill out as much of their portion as possible before cutting it off and giving it to them.

Please consider if there are local public services that can support your client in the wake of a climate-related event (e.g., free weatherization services, heating or cooling stations, evacuation transportation, etc.) and list below. Make sure to add them as services on the cut-away client portion of this sheet as well.

Types of Documentation (discuss with client what they might need to save / evacuate with for ADAP, Medicaid, relief services, insurance, etc.)

- Picture ID: California Driver’s License; California ID; passport; student ID; work ID; etc.
- Other ID: Social Security Card (if you have it); Birth Certificate (if you have it)
- Proof of residence: Rental agreement; title on house/structure; utility bill (often needs to be recent, from the past 3 months)
 - Can you access any utility bills online?
- Proof of income: Pay stub; tax form; employer statement; self-attestation (this form is available on the Covered California website)
- Non-incarceration: Self-attestation (available on the Covered California website); release papers from Department of Correction; parole papers
- Immigration status documentation
- Proof of American Indian and Alaska Native status: Tribal enrollment/membership card; I-872 American Indian card; any other documentation
- Insurance documentation (health, car, renters, etc.)

 *Clip section for clients*

STAY CONNECTED PLAN

During wildfires, floods, evacuations, and extreme weather, it can be hard to stay connected to important services.

By folding this sheet along the dotted lines into a booklet, it is sized to fit into your pocket, wallet, phone case, glasses case, or luggage tag.

If you have a camera phone, consider taking a photo of each side once you’ve filled this out, as a back-up.

This booklet is for you and your needs, but you can also use it to think about the needs of family and loved ones.

Let’s stay connected.

GO BAG CHECKLIST

- Prescriptions
- Documentation (see next pg)
- Communication device and charger (phone/tablet/laptop)
- Harm reduction / prevention items (clean needles/smoking, fentanyl testing strips, naloxone, condoms/lube)
- First aid kit
- Contact list
- Notes/Additional Items: _____

DOCUMENTATION

- Picture ID (Driver’s License, passport, student/work ID, etc.)
- Other ID (social security card, birth certificate, etc.)
- Proof of residence (rental agreement, title on house or structure, recent utility bill)
- Proof of income (Pay stub, tax form)
- Parole/release papers
- Immigration papers
- Proof of American Indian / Alaska Native status
- Notes/Additional Items: _____

Conversations to initiate with clients/patients:

I'd like to take a few minutes to talk about planning for the next natural disaster or evacuation, and how we can stay in contact. Emergencies like wildfires and floods can leave us with lasting difficulties, even when the immediate crisis is over.

They can also make it harder for us to be in contact with our support networks when we're evacuated, when phones and internet are down, or when we can't physically get to each other. It's a time where it is easy to isolate and be in a bad place. Let's make a plan to stay connected.

I First, let's make a Contact List together. What services do you receive? [Check all that apply]

- | | |
|--|--|
| <input type="checkbox"/> HIV specialty primary care | <input type="checkbox"/> Support group |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Other counseling or groups (addiction, anger management, parenting, etc.) |
| <input type="checkbox"/> Harm reduction (syringe access, naloxone distribution, fentanyl testing, MAT, etc.) | <input type="checkbox"/> Food support |
| <input type="checkbox"/> Case management | <input type="checkbox"/> Clothing support |
| <input type="checkbox"/> Mental health care | <input type="checkbox"/> Other: |

ADD CONTACTS TO CLIENT CUT-AWAY PORTION

II What are your biggest worries if you have to evacuate? (pets, transportation, syringe access, etc.)

Notes: _____

ADD RELEVANT NOTES TO CLIENT CUT-AWAY PORTION

III *Mental health can be a big part of this.*

- Do you know what to look out for, as signs that you may need some help?
- How would you like to check in about your mental health during these periods of time? Text? Phone? Email? Visits? *[Go through Emergency Contact List Below]*

Notes: _____

ADD RELEVANT NOTES TO CLIENT CUT-AWAY PORTION

✂ *Clip section for clients*

SERVICE	CONTACT (phone, social handle, etc.)	PLAN (i.e., check Facebook, who to call)	OTHER (more contacts, notes)
Primary care			
Pharmacy			
Harm reduction			
Mental health support			
Other support (i.e., addiction)			
Housing support			
Food/clothing support			
Pet care / shelters w pets			
Other:			