

# A Disaster Plan Format



**For California's  
Area Agencies on Aging**

## Foreword

In 1993 the California Department of Aging requested the California Association of Area Agencies on Aging (C4A) develop and distribute statewide a *Handbook for Seniors on Emergency Preparedness*.

The California Association of Area Agencies on Aging developed this Disaster Plan format for Area Agencies on Aging to augment local planning efforts around emergency preparedness and responses.

This Disaster Plan format is consistent with the California Department of Aging's Disaster Assistance Handbook for Area Agencies on Aging. The cover photo was taken by Cheryle Easter, photographer for the *Times Standard* newspaper. It appeared in *The Humboldt Historian*, vol. 41, no. 2, 1993, and captures the destruction suffered in the wake of the 7.1 trembler in Ferndale, California, April 1992.

We thank the California Department of Aging for enabling the C4A to provide materials for use by the Area Agencies on Aging.

Colleen House, President  
California Association of Area Agencies on Aging



## **How To Use This Plan Format**

The purpose of this Disaster Plan format is to assist Area Agencies on Aging in developing a localized disaster assistance plan. By developing this plan prior to an emergency, the Area Agency on Aging is in position to provide a thoughtful and coordinated response when a disaster occurs.

The Area Agency on Aging Disaster Plan provides a basis for the conduct and coordination of operations and the management of resources. It also establishes a shared understanding of the authority, responsibilities, functions and operations of the Area Agency on Aging and other service agencies prior to, during and after an emergency.

Part I of the plan format includes draft language that describes general purpose/background, operational concepts, roles and responsibilities and standard operating procedures for an Area Agency on Aging during emergencies. This section of the plan format includes the roles and responsibilities of those agencies under contract with Area Agency on Aging. While the plan format was developed by an Area Agency on Aging who experienced a federally designated disaster in 1992, each Area Agency on Aging is encouraged to adapt the materials in Part I to reflect the uniqueness of individual Planning and Service Areas.

Part II of the plan format is left blank. Each Area Agency is encouraged to develop their own Pre-Disaster Plan that includes a listing of currently funded senior programs and the name of their designated Emergency Coordinator. Each Area Agency might want to include general demographic information. In addition, the Area Agency on Aging might want to include in this section copies of formal working agreements with other disaster response agencies, county emergency services, and non-Older Americans Act senior service agencies.

Part III of the plan format is a collection of forms that comprise the Disaster Response Kit. These forms were taken from the "California Department of Aging Disaster Assistance Handbook" (August 17, 1990).



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# **Part I**

# **Disaster Planning and Response Document**



# Section 1 - General

## A. PURPOSE

The Area Agency on Aging (AAA) disaster assistance plan sets forth guidelines on the roles and responsibilities of the AAA and Service Providers under contract with the AAA in the event of a disaster. This Plan:

1. Provides a basis for conduct and coordination of operations and management of resources.
2. Establishes mutual understanding of authority, responsibilities, functions and operations of AAA and Service Providers during and after emergencies.

## B. AUTHORITY

The Administration on Aging (AOA) has signed a Memorandum of Understanding with the Federal Emergency Management Agency (FEMA) establishing guidelines by which the National Aging Network would carry out its responsibilities for meeting the special needs of older persons who are victims of a disaster.

Section 310 of the 1987 Amendments to the Older Americans Act provides that the Commissioner on Aging may provide reimbursement to any state, upon application, for funds made available to an Area Agency on Aging for the delivery of supportive services during a major disaster declared by the President. This action is taken in accordance with the Disaster Relief and Emergency Assistance Act of 1988.

Under the California Emergency Services Act, the California Department of Aging (CDA) has entered into a Memorandum of Understanding with the Office of Emergency Services (OES) to respond in the event of any declared state of emergency, without regard specifically to the degree of impact on the elderly.

## C. BACKGROUND INFORMATION

1. Types of disasters that may occur in California include: fires, floods, earthquakes, snow emergencies, epidemics, heatwaves, nuclear incidents, wide scale poisonings, air pollution and tornadoes.
2. The American Red Cross provides emergency mass care and assistance to individuals with verified disaster-caused needs and assists victims in obtaining government and other available assistance. Assistance to families may include funds for food, clothing, housing, fuel, cooking and eating utensils, medical and health care, prescription drugs, dentures and other prosthetic devices, eyeglasses, personal occupational supplies and equipment, transportation and minor home repair. In those instances where other resources are not available or are inadequate, the Red Cross may provide additional assistance to help repair or rebuild homes, replace essential household contents, or other needs. All Red Cross help to disaster victims is a gift. Red Cross utilizes existing community resources. In the event that Red Cross is not on the scene in time to initiate such actions, the County Department of Social Services will provide food, clothing and shelter until the Red Cross is able to take over. These services are not reimbursable unless Red Cross authorizes such and the expenditures are documented.

In addition to the American Red Cross, there are numerous other entities that provide assistance to disaster victims.

3. Licensed skilled nursing facilities and residential care facilities licensed for seven or more clients are required to have their own disaster plans which include designation of authority, plans for evacuation, fire safety, and relocation—including transportation, supervision of patients/clients, and means of communications.

#### D. DEFINITIONS

1. **Disaster**—A natural, man-made, or war-caused event which harms or threatens to harm large numbers of persons, or which causes or threatens to cause substantial property damage, or a combination of both, and is declared officially as a disaster. (The term emergency is frequently used interchangeably with disaster.)

There are three levels of disasters: local, Governor's declaration and Presidentially declared. The relative impact on individuals is likely to be the same regardless of the level; the significant difference in levels rests in the quantity and array of resources that need to be mobilized.

2. **Disaster Assistance Center (DAC)**—A temporary center established by FEMA in conjunction with the State of California a few days after a Presidentially declared disaster. The center may have representatives from the Area Agency or a designated sub-contractor, HUD, Small Business Administration, IRS, Department of Agriculture, Veterans Administration, Social Security Administration, Department of Social Services, and private disaster assistance agencies such as Red Cross and Salvation Army.
3. **Emergency Operation Control Center (EOCC)**—Designated centers in one or more locations within each county staffed by representatives of the different departments of emergency services (e.g., Public Works, fire and rescue, etc.). The centers are equipped with special communication equipment and provide a central base for all emergency operations.
4. **Service Provider**—A private, non-profit organization, municipality, for-profit organization, or Indian tribal organization with whom the AAA has entered into a contractual agreement.

#### E. SCOPE

This plan applies to the Area Agency on Aging and Service Providers. This plan will be activated when there is an officially declared emergency affecting older persons.

#### F. OBJECTIVES

To coordinate operations with Red Cross and the Office of Emergency Services in the following activities:

1. To provide an assessment of the scope of the disaster in terms of its effects upon older persons.
2. To determine or estimate the assistance that will be necessary to maintain the elderly disaster victims over both the short and long term.
3. To service older victims of disasters to the extent possible with available resources, or divert resources from less critical activities to meet the essential needs of those victims.
4. To identify and mobilize other resources within the community that may be required to accomplish these objectives including the identification of elderly persons who may be of assistance in disaster relief efforts.
5. To record the facts on service delivery activities for the purposes of claims for reimbursement, and for substantiation of need for improved or expanded assistance programming.
6. To provide for follow-up with all identified elderly victims to ensure that all reasonable assistance, particularly for long-term needs, is made available.

## Section 2 - Operational Concepts

- A. The disaster assistance efforts of Area Agency on Aging and Service Providers will complement the existing relief efforts provided by federal, state and voluntary agencies. Coordination agreements include:
  - 1. Letters of Agreement issued by the Area Agency on Aging requesting coordination with the Red Cross and the County Office(s) of Emergency Services.
  - 2. General coordination agreements with County Department(s) of Social Services.
  - 3. Area Agency on Aging participation in the local chapter of Volunteer Organizations Active in Disasters (VOAD).
- B. The plan will be implemented by the Area Agency on Aging Emergency Coordinator upon notification of a disaster by the Regional Office of Emergency Services, California Department of Aging, or individual County's Office of Emergency Services.
- C. Activation of the plan requires an assessment of the need to mobilize the Area Agency on Aging or Service Provider resources and personnel which will be done in coordination with Red Cross and the Office of Emergency services, and/or FEMA during a Presidential declared disaster. This assessment will determine the type of action necessary to serve the special needs of disaster victims, particularly the elderly.
- D. See Section 4 for standard operating procedures for Area Agency staff and Service Provider personnel.

## Section 3 - Roles and Responsibilities

- A. **FEDERAL AND STATE COMPONENTS**
  - 1. **Role of the Federal Regional Office on Aging**
    - a. Coordinates and determines actions with the California Department of Aging.
  - 2. **Role of the Federal Administration on Aging (AOA)**
    - a. Serves as liaison between the aging network and Federal Emergency Management Agency for policy purposes.
    - b. Is empowered to reimburse the California Department of Aging for funds made available to Area Agencies on Aging during Presidentially declared disaster.
  - 3. **Role of the California Department of Aging (CDA)**
    - a. If a Governor's or Presidential disaster declaration is released, the California Department of Aging will determine the role of local aging programs in providing assistance.
    - b. Works with Area Agencies on Aging in assessing the impact of the disaster on the elderly and conveys assessment findings to the Regional Office on Aging, the Office of Emergency Services, and the Federal Emergency Management Agency coordinating officials.
    - c. To provide supplemental reimbursement funding to Area Agencies on Aging and Service Providers for authorized expenses incurred in providing disaster services.

## **B. LOCAL COMPONENTS**

### **1. Area Agency on Aging (AAA)**

- a. The Area Agency on Aging Emergency Coordinator will receive notification of a disaster or impending disaster from either the Regional Office of Emergency Services, CDA, or from an individual County's Office of Emergency Services. In the event the Emergency Coordinator is not available, the succession will be as follows:
  1. Alternate AAA Emergency Coordinator (see CDA Form 41).
  2. AAA staff according to seniority.
- b. The AAA Emergency Coordinator or alternate will be responsible for activating the plan, follow-up, and monitoring of Service Providers with guidance from CDA.

2. **Service Providers**—All Service Providers will have designated an Emergency Coordinator and Alternate (see CDA Form 42), for each project and for every site. In the event of an emergency, the AAA Emergency Coordinator will notify project directors with instructions. Project directors will work with their agency's Emergency Coordinator to carry out assigned duties.

3. **Volunteers**—Area Agency on Aging and Service Providers may request volunteers to assist with Disaster Relief Activities. Volunteers may assist with some of the following functions:
  - a. Volunteers can provide information on relief services to older disaster victims.
  - b. Volunteers can provide transportation and/or escort for elderly persons visiting the Disaster Assistance Center, and assist them in completing any forms.
  - c. Volunteers can follow-up on elderly Disaster Assistance Center applicants to ensure that the victims obtain necessary relief services.
  - d. Volunteers can be used in Disaster Assistance Center.

# **Section 4 - Standard Operating Procedures During Emergencies**

## **A. AAA RESPONSIBILITIES DURING DISASTER EMERGENCIES**

Once the AAA Emergency Coordinator is notified of an emergency or pending emergency from the Regional Office of Emergency Services, CDA, or a County's Office of Emergency Services, they must then:

1. Call internal staff together and review the disaster assistance plan.
2. During normal working hours ensure AAA phones (if working) are staffed to receive calls from affected Service Providers and disaster relief organizations during the first 12 hours.

During non-working hours, ensure AAA Emergency Coordinator and/or Alternate are available at their homes (to the extent possible) to receive phone calls (if working) from affected Service Providers and disaster relief organizations during the first 12 hours.

3. Determine:
  - a. Scope of the disaster, area and number of older persons affected, Service Provider programs and sites within the affected area.
  - b. Utilities affected (gas, electrical service, phone, etc.). If telephone communication fails, leave instructions for Service Providers with the Amateur Radio Emergency Services Operator and Emergency Operation Control Centers in the affected counties.
  - c. Locations of Red Cross or other shelter/care centers, if or when established.
  - d. Necessity of providing Area Agency on Aging or Service Provider representative(s) at Emergency Operation Control Center, and/or at the Disaster Assistance Center(s).

4. If a Governor's or Presidentially declared disaster, the need for AAA involvement will be determined by CDA. If a county declared disaster, call the Red Cross to determine the need for AAA involvement. This may include AAA or Service Provider representatives in the shelter(s) or possible use of Older Americans Act funded nutrition sites, or Senior Centers. Obtain the scope of resources available for relief efforts.
5. Communicate above information to Information & Assistance (I&A) Programs in the affected area(s). Complete CDA Form 46 ("Assessment of Impact on Seniors") and submit/call it in to CDA within 24 hours after notification of emergency/disaster.
6. Set Area Agency on Aging (AAA) objectives in relation to the effects of the disaster including:
  - a. AAA staff assignments, including determining the need to send staff to field locations to assist.
  - b. Compile a listing of needed resources, including senior volunteers.
  - c. Compile a listing of potential resources, including senior volunteers.
7. Keep communications flowing between AAA and:
  - a. I&A Programs—Provide them with locations of shelters, disaster centers, status of other OAA providers, availability of special services, availability of volunteers, and other necessary information.
  - b. California Department of Aging.
  - c. AAA Service Providers in the affected area.
  - d. Other affected Area Agencies on Aging.
  - e. Senior Service Agencies beyond those under contract who provide service in the affected area.
8. Keep records of reported damage or shut-down of program sites.
  - a. If not a Governor's or Presidentially declared emergency (in which case direction MUST come from CDA), contact Red Cross or the affected County's Department of Social Services Department, which would normally provide meals in disaster situations and determine if additional services are needed. Inquire how Older Americans Act funded nutrition project resources, can be of assistance. (This may include meals for all ages and/or relief workers and may include snack and beverages beyond meal service.)
  - b. If the Red Cross agrees that additional meal service is necessary, document need and arrange for food delivery and reimbursement for the meals provided by the Older Americans Act funds nutrition project. Assure that project directors are involved in and informed of decisions and that they keep an accurate accounting of costs.
  - c. Determine necessity to expand meal service if disaster occurs in neighboring planning and service areas.
9. Complete and submit CDA Form 48 ("Status Report and Request for Reimbursement") **weekly** during active period of emergency.
10. Ongoing assessment of the adequacy of relief services.
11. Arrange for additional services if needed **only** after checking with the Federal Emergency Management Agency's coordination officer about the unavailability of such service.
12. Maintain ongoing contact with CDA and the Regional Administration of Aging for consultation and guidance regarding assistance, resources, and apparent new needs. In case of a Presidentially declared disaster, pass information on to the Federal Emergency Management Agency (if CDA hasn't already done so).

13. Utilize mass media for dissemination of information regarding emergency services for the elderly. Contact radio, TV and newspapers.
14. Arrange for AAA or Service Provider representation at Disaster Assistance Centers in a Presidentially declared emergency.

**B. AAA SUB-CONTRACTOR RESPONSIBILITIES DURING DISASTER EMERGENCIES**

All Service Providers within the affected disaster area will:

1. Wait to receive AAA authorization before using resources or incurring expenses that would require Older Americans Act reimbursement beyond normal expenditures.
2. Assist AAA in assessing the level of need by reporting knowledge of the extent and severity of damage and the population affected by the disaster.
3. If unable to contact AAA directly, attempt to contact the Amateur Radio Emergency Services Coordinator (see CDA Form 45 in Part 3), or the Emergency Operation Control Center for message(s) from AAA.
4. If unable to make contact with AAA within 12 hours of the disaster, then Service Providers may provide essential disaster services. Reimbursement will be contingent upon CDA's determination that the need and expenditures were documented and justified. (Note: Reimbursement for disaster services other than expanded I&A operation requires that FEMA and CDA determine that emergency services provided by other agencies were not available.)
5. Report damages of facilities to the AAA, include availability of phone service and utilities. Assess ability of the staff and facility to continue operating and report potential for assistance in disaster relief activities, if necessary.
6. Keep accurate cost and service records of disaster related assistance.
7. Perform other duties as requested by the AAA or CDA.

**C. INFORMATION AND ASSISTANCE PROGRAMS**

Upon notification of need, and under direction of the AAA, the Information and Assistance programs will be responsible for carrying out the following activities to assure that the elderly are linked to appropriate disaster relief agencies.

1. Determine, with the AAA Emergency Coordinator, the need for extended I&A hours. If a large number of elderly are affected, it may be appropriate to extend the I&A hours. It also may be appropriate to have an AAA representative working out of the Information and Assistance Program(s).
2. In the event that evacuation/relocation is necessary:
  - a. AAA will provide information regarding the location(s) of shelter and food facilities, and Information and Assistance personnel will direct people to these.
  - b. Calls from stranded, isolated people in need of a means to evacuate are to be referred to Law Enforcement personnel.
3. Document all disaster related assistance on CDA Form 47 ("Individual Intake Follow-up").
4. Compile and submit all disaster related I&A information separately on a daily basis to AAA Emergency Coordinator. This information will be used in assessing scope and adequacy of disaster relief services.

5. Use the booklet entitled *State and Federal Disaster Assistance Programs* as a reference for services available for disaster relief.
6. Follow-up on **all** disaster related referrals and report services gaps to the AAA.
7. Serve as an intake and assignment point for persons wishing to volunteer services or resources (see section on volunteers).
8. Perform other duties as assigned.

**D. NUTRITION SERVICE PROVIDERS**

Upon notification, and under the direction of the AAA, Older Americans Act funded nutrition projects may be responsible for:

1. Providing additional meal service as deemed necessary and as resources permit.
2. Allowing facilities to be used as temporary shelters if necessary.
3. Enlisting assistance of the program's regular volunteers for disaster relief activities.
4. Performing other duties as requested.



## **Part II**

# **Pre-Disaster Planning**



## **Inventory of Resources and Needs**

The Area Agency on Aging is encouraged to use Part 2 of this plan to prepare a list of the area's disaster resources (agencies, programs, funds, etc.) and to include developed local coordination agreements.

It is suggested that local coordination agreements be developed with County Office of Emergency Services, Salvation Army, Red Cross, and Volunteer Recruitment/Placement Agencies such as Retired Senior Volunteer Program, etc.

Before federal funds can be released to support Area Agency on Aging involvement in a disaster, the California Department of Aging and/or the Administration on Aging will want to know the number of older persons affected. This number is difficult to get immediately following a disaster. It is suggested that the Area Agency on Aging develop an agreement with Salvation Army to collect the ages of persons seeking assistance from a Disaster Assistance Center (DAC).



## **Part III**

# **Disaster Response Kit**



# Disaster Assistance Form

CALIFORNIA DEPARTMENT OF AGING  
ASSESSMENT OF DISASTER IMPACT ON SENIORS  
CDA 46 (NEW 3/83)

1. TYPE OF DISASTER (CHECK EACH THAT APPLIES)

- |                                                |                                       |                                         |                                    |
|------------------------------------------------|---------------------------------------|-----------------------------------------|------------------------------------|
| <input type="checkbox"/> FLOOD                 | <input type="checkbox"/> EARTHSLIDE   | <input type="checkbox"/> HIGH WINDS     | <input type="checkbox"/> EXPLOSION |
| <input type="checkbox"/> EXTREME HEAT          | <input type="checkbox"/> EARTHQUAKE   | <input type="checkbox"/> NUCLEAR        | <input type="checkbox"/> FIRE      |
| <input type="checkbox"/> EXTREME COLD          | <input type="checkbox"/> POWER OUTAGE | <input type="checkbox"/> WATER SHORTAGE | <input type="checkbox"/> AVALANCHE |
| <input type="checkbox"/> OTHER (SPECIFY) _____ |                                       |                                         |                                    |

2. COMMUNITY(IES) OR AREA(S) MOST AFFECTED BY DISASTER \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. SENIORS LIVING IN DISASTER AREA \_\_\_\_\_ (TOTAL)

- (A) DISASTER AREA SENIORS LIVING ALONE \_\_\_\_\_ % (APPROX.)
- (B) DISASTER AREA SENIORS/LOW INCOME \_\_\_\_\_ % (APPROX.)
- (C) DISASTER AREA SENIORS/HOMEBOUND OR DISABLED \_\_\_\_\_ % (APPROX.)
- (D) DISASTER AREA SENIORS ISOLATED BY DISASTER \_\_\_\_\_ % (APPROX.)

4. PROJECTED DISASTER ASSISTANCE SERVICE NEEDS OF SENIORS (CHECK EACH THAT APPLIES)

- |                                                         |                                                           |
|---------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> EXPANDED TRANSPORTATION*       | <input type="checkbox"/> SPECIAL OUTREACH                 |
| <input type="checkbox"/> EXPANDED CONGREGATE MEALS*     | <input type="checkbox"/> EXPANDED LEGAL SERVICES*         |
| <input type="checkbox"/> EXPANDED HOME-DELIVERED MEALS* | <input type="checkbox"/> PACKING ASSISTANCE (EVACUATION)* |
| <input type="checkbox"/> EXPANDED I&R SERVICES          | <input type="checkbox"/> HANDYMAN/CHORE/CLEANUP*          |
| <input type="checkbox"/> FORMS COMPLETION ASSISTANCE    | <input type="checkbox"/> OTHER (SPECIFY)* _____           |

\*REQUIRES PRIOR DEPARTMENT APPROVAL.

5. REPORT SUBMITTED BY (PRINTED NAME) \_\_\_\_\_

(SIGNATURE) \_\_\_\_\_

(TITLE OR POSITION) \_\_\_\_\_

(TELEPHONE FOR FOLLOW-UP) \_\_\_\_\_

(DATE REPORT PREPARED) \_\_\_\_\_



# Disaster Assistance Form

CALIFORNIA DEPARTMENT OF AGING  
DISASTER VICTIM INTAKE/FOLLOW-UP  
CDA 47 (NEW 3/83)  
PAGE 1 OF 2

1. DATE \_\_\_\_\_ 2. DISASTER \_\_\_\_\_  
COUNTY AND TYPE OF DISASTER \_\_\_\_\_

3. SENIOR CLIENT (A) NAME \_\_\_\_\_  
(B) PERMANENT ADDRESS \_\_\_\_\_  
PERMANENT TELEPHONE \_\_\_\_\_  
(C) TEMPORARY ADDRESS \_\_\_\_\_  
TEMPORARY TELEPHONE \_\_\_\_\_

4. DESCRIPTION OF CLIENT DIFFICULTY OR PROBLEM \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. SOURCE OF INTAKE

<input type="checkbox"/> DISASTER ASSISTANCE CENTER	<input type="checkbox"/> SENIOR CALL-IN
<input type="checkbox"/> OUTREACH	<input type="checkbox"/> I&R
<input type="checkbox"/> OTHER WALK-IN	<input type="checkbox"/> REFERRED BY OTHER RELIEF AGENCY
<input type="checkbox"/> REFERRED BY RELATIVE OR FRIEND	(SPECIFY) _____
<input type="checkbox"/> OTHER (SPECIFY) _____	

6. PROBABLE SERVICE NEEDS (CHECK EACH THAT APPLIES)

<input type="checkbox"/> TRANSPORT TO/FROM DAC	<input type="checkbox"/> SPECIAL OUTREACH
<input type="checkbox"/> TRANSPORT TO/FROM MEDICAL	<input type="checkbox"/> SPECIAL ESCORT
<input type="checkbox"/> OTHER TRANSPORT (SPECIFY) _____	<input type="checkbox"/> PACKING ASSISTANCE (EVACUATION)
<input type="checkbox"/> CONGREGATE MEAL(S)	<input type="checkbox"/> FORMS COMPLETION ASSISTANCE
<input type="checkbox"/> HOME-DELIVERED MEAL(S)	<input type="checkbox"/> HANDYMAN/CHORE/CLEANUP
<input type="checkbox"/> OTHER (SPECIFY) _____	<input type="checkbox"/> LEGAL SERVICES
	<input type="checkbox"/> SPECIAL COUNSELING

7. INTAKE (A) COMPLETED BY \_\_\_\_\_ (B) DATE \_\_\_\_\_  
(C) TELEPHONE \_\_\_\_\_ (D) LOCATION \_\_\_\_\_

# Disaster Assistance Form

CALIFORNIA DEPARTMENT OF AGING  
DISASTER VICTIM INTAKE/FOLLOW-UP  
CDA 47 (NEW 3/83)  
PAGE 2 OF 2

**8. SERVICES PROVIDED OR ARRANGED (CHECK EACH THAT APPLIES)**

- |                                                          |                                                          |
|----------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> TRANSPORT TO/FROM DAC           | <input type="checkbox"/> SPECIAL OUTREACH                |
| <input type="checkbox"/> TRANSPORT TO/FROM MEDICAL       | <input type="checkbox"/> SPECIAL ESCORT                  |
| <input type="checkbox"/> OTHER TRANSPORT (SPECIFY) _____ | <input type="checkbox"/> PACKING ASSISTANCE (EVACUATION) |
|                                                          | <input type="checkbox"/> FORMS COMPLETION ASSISTANCE     |
| <input type="checkbox"/> CONGREGATE MEAL(S)              | <input type="checkbox"/> LEGAL SERVICES                  |
| <input type="checkbox"/> HOME-DELIVERED MEAL(S)          | <input type="checkbox"/> HANDYMAN/CHORE/CLEANUP          |
| <input type="checkbox"/> OTHER (SPECIFY) _____           | <input type="checkbox"/> SPECIAL COUNSELING              |
|                                                          |                                                          |

**9. OTHER RESOURCES TAPPED OR RULED OUT (CHECK EACH THAT APPLIES)**

- |                                                        |                                                          |
|--------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> AMERICAN RED CROSS            | <input type="checkbox"/> WINTERIZATION/WEATHERIZATION    |
| <input type="checkbox"/> SMALL BUSINESS ADMINISTRATION | <input type="checkbox"/> FEMA TEMPORARY HOUSING          |
| <input type="checkbox"/> OES - INDIVIDUAL/FAMILY GRANT | <input type="checkbox"/> SALVATION ARMY                  |
| <input type="checkbox"/> COUNTY WELFARE                | <input type="checkbox"/> MENNONITE DISASTER RELIEF       |
| <input type="checkbox"/> INTERNAL REVENUE SERVICE      | <input type="checkbox"/> DISASTER UNEMPLOYMENT INSURANCE |
| <input type="checkbox"/> OTHER (SPECIFY) _____         |                                                          |

**10. COSTS ASSOCIATED WITH SERVICES TO THIS CLIENT (ATTACH INVOICES, RECEIPTS, CERTIFICATIONS, ETC.)**

- (A) MILEAGE (# \_\_\_\_\_ MILES @ \_\_\_\_\_ ¢/MILE = \_\_\_\_\_ ) \$ \_\_\_\_\_ . \_\_\_\_\_
- (B) MATERIALS \$ \_\_\_\_\_ . \_\_\_\_\_
- (C) LABOR \$ \_\_\_\_\_ . \_\_\_\_\_
- (D) OTHER (DESCRIBE) \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**11. FOLLOW-UP**

(INITIAL)

(FINAL)

(A) COMPLETED BY \_\_\_\_\_  
NAME AND TITLE

(B) DATE \_\_\_\_\_ (C) TELEPHONE \_\_\_\_\_

**12. ADDITIONAL COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Disaster Assistance Form

STATUS REPORT/REQUEST FOR FUNDS  
CDA 48 (NEW 3/83)  
PAGE 1 OF 2

1. CONTRACT/GRANT NO. \_\_\_\_\_

2. REPORTING AGENCY (PSA # \_\_\_\_\_ )

(A) AGENCY NAME \_\_\_\_\_

(B) AGENCY ADDRESS \_\_\_\_\_

(C) AGENCY CONTACT \_\_\_\_\_  
NAME AND TITLE

(D) TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_

3. NATURE OF DISASTER (CHECK EACH THAT APPLIES UNDER DISASTER DECLARATION)

- |                                                |                                       |                                         |                                    |
|------------------------------------------------|---------------------------------------|-----------------------------------------|------------------------------------|
| <input type="checkbox"/> FLOOD                 | <input type="checkbox"/> EARTHSLIDE   | <input type="checkbox"/> HIGH WINDS     | <input type="checkbox"/> EXPLOSION |
| <input type="checkbox"/> EXTREME HEAT          | <input type="checkbox"/> EARTHQUAKE   | <input type="checkbox"/> NUCLEAR        | <input type="checkbox"/> FIRE      |
| <input type="checkbox"/> EXTREME COLD          | <input type="checkbox"/> POWER OUTAGE | <input type="checkbox"/> WATER SHORTAGE | <input type="checkbox"/> AVALANCHE |
| <input type="checkbox"/> OTHER (SPECIFY) _____ |                                       |                                         |                                    |

4. TIME PERIOD COVERED BY THIS REPORT \_\_\_\_\_ TO \_\_\_\_\_  
(MO) (DAY) (YR) (MO) (DAY) (YR)

5. REQUEST FOR FUNDS

- (A) REQUEST CASH ADVANCE FOR PERIOD \_\_\_\_\_ TO \_\_\_\_\_ \$ \_\_\_\_\_
- (B) REQUEST REIMBURSEMENT FOR PERIOD \_\_\_\_\_ TO \_\_\_\_\_ \$ \_\_\_\_\_
- (C) NO FUNDS REQUESTED WITH THIS REPORT.

6. CERTIFICATION I CERTIFY THAT FUNDS PROVIDED IN RESPONSE TO THIS REQUEST WILL BE  
MANAGED IN ACCORDANCE WITH DEPARTMENT OF AGING GRANTS  
MANAGEMENT AND EMERGENCY SERVICES PROCEDURES.

(A) SIGNATURE OF CERTIFYING REPRESENTATIVE \_\_\_\_\_

(B) NAME AND TITLE OF  
CERTIFYING REPRESENTATIVE \_\_\_\_\_

(C) DATE \_\_\_\_\_

APPROVED FOR PAYMENT  
DEPARTMENT OF AGING  
EMERGENCY SERVICES OFFICER \_\_\_\_\_

SIGNATURE

DATE

(OVER)

# Disaster Assistance Form

STATUS REPORT/REQUEST FOR FUNDS

CDA 48 (NEW 3/83)

PAGE 2 OF 2

**7. EFFORTS TO OBTAIN SUPPORT FROM OTHER SOURCES**

POTENTIAL SOURCE	RESPONSE OR RESULT

**8. OTHER ORGANIZATIONS ENTITLED TO FUNDS FROM THIS ADVANCE OR REIMBURSEMENT**

ORGANIZATION	SERVICES PROVIDED	AMOUNT

**9. SERVICES PROVIDED BY/THROUGH AREA AGENCY THIS REPORTING PERIOD**

	(1) NUMBER SENIORS SERVED	(2) TIMES SERVICE PROVIDED	(3) ESTIMATED COSTS OF ASSISTANCE PROVIDED BY/ THROUGH AREA AGENCY	(4) AREA AGENCY SHARE OF ASSISTANCE COSTS
(A) DISASTER ASSISTANCE CENTER (DAC)				
(B) EXPANDED I&R SERVICES				
(C) SPECIAL OUTREACH				
(D) FORMS COMPLETION ASSISTANCE				
(E) EXPANDED I&R SERVICES				
1. TO/FROM DAC				
2. TO/FROM ESSENTIAL MEDICAL				
3. TO/FROM OTHER (SPECIFY ON REVERSE)				
(F) EXPANDED CONGREGATE MEALS				
(G) EXPANDED HOME-DELIVERED MEALS				
(H) PACKING ASSISTANCE (EVACUATION)				
(I) HANDYMAN/CHORE/CLEANUP				
(J) EXPANDED LEGAL SERVICES				
(K) OTHER (ATTACH DESCRIPTION)				
(L) ADMINISTRATIVE SUPPORT				
<b>REPORT PERIOD TOTAL</b>				

# Disaster Assistance Form

CALIFORNIA DEPARTMENT OF AGING  
DEPARTMENT OF AGING EMERGENCY CONTACT INFORMATION  
CDA 40 (NEW 3/83)

**NOTE:** This information is for purposes of communication in case of local disaster. When contacting any of the listed individuals, furnish the information specified on the CDA 46 - "Assessment of Disaster Impact on Seniors."

---

<b>1. DIRECTOR</b>	(A) NAME	_____	
	(B) BUSINESS ADDRESS	_____ _____ _____	
	(C) TELEPHONE	_____ BUSINESS	_____ AFTER HOURS

---

<b>2. EMERGENCY COORDINATOR</b>	(A) NAME	_____	
	(B) BUSINESS ADDRESS	_____ _____ _____	
	(C) TELEPHONE	_____ BUSINESS	_____ AFTER HOURS

---

<b>3. ALTERNATE EMERGENCY COORDINATOR</b>	(A) NAME	_____	
	(B) BUSINESS ADDRESS	_____ _____ _____	
	(C) TELEPHONE	_____ BUSINESS	_____ AFTER HOURS

---

<b>4. PUBLIC RELATIONS OFFICER</b>	(A) NAME	_____	
	(B) BUSINESS ADDRESS	_____ _____ _____	
	(C) TELEPHONE	_____ BUSINESS	_____ AFTER HOURS

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# Disaster Assistance Form

CALIFORNIA DEPARTMENT OF AGING  
AREA AGENCY EMERGENCY CONTACT INFORMATION  
CDA 41 (NEW 3/83)

EFFECTIVE DATE \_\_\_\_\_

**NOTE:** This information is for purposes of communication in case of local disaster.

---

1. PSA NO. \_\_\_\_\_ 2. AREA AGENCY \_\_\_\_\_

3. I&R TELEPHONE NUMBER(S) (A) ( ) (B) ( )  
(C) ( ) (D) ( )

---

4. DIRECTOR (A) NAME \_\_\_\_\_  
(B) BUSINESS ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(C) TELEPHONE \_\_\_\_\_ BUSINESS \_\_\_\_\_ AFTER HOURS \_\_\_\_\_

---

5. EMERGENCY COORDINATOR (A) NAME \_\_\_\_\_  
(B) BUSINESS ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(C) TELEPHONE \_\_\_\_\_ BUSINESS \_\_\_\_\_ AFTER HOURS \_\_\_\_\_

---

6. ALTERNATE EMERGENCY COORDINATOR (A) NAME \_\_\_\_\_  
(B) BUSINESS ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(C) TELEPHONE \_\_\_\_\_ BUSINESS \_\_\_\_\_ AFTER HOURS \_\_\_\_\_

---

7. PUBLIC RELATIONS OFFICER (A) NAME \_\_\_\_\_  
(B) BUSINESS ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(C) TELEPHONE \_\_\_\_\_ BUSINESS \_\_\_\_\_ AFTER HOURS \_\_\_\_\_

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# Disaster Assistance Form

CALIFORNIA DEPARTMENT OF AGING  
PROJECT EMERGENCY CONTACT INFORMATION  
CDA 42 (NEW 3/83)

**NOTE:** This information is for purposes of communication in case of local disaster.

---

1. PSA NO. \_\_\_\_\_ 2. PROJECT NAME \_\_\_\_\_

3. COMMUNITIES SERVED BY PROJECT (A) \_\_\_\_\_ (B) \_\_\_\_\_  
(C) \_\_\_\_\_ (D) \_\_\_\_\_

---

4. DIRECTOR (A) NAME \_\_\_\_\_  
(B) BUSINESS ADDRESS \_\_\_\_\_  
(C) TELEPHONE \_\_\_\_\_ BUSINESS \_\_\_\_\_ AFTER HOURS \_\_\_\_\_

---

5. EMERGENCY COORDINATOR (A) NAME \_\_\_\_\_  
(B) BUSINESS ADDRESS \_\_\_\_\_  
(C) TELEPHONE \_\_\_\_\_ BUSINESS \_\_\_\_\_ AFTER HOURS \_\_\_\_\_

---

6. ALTERNATE EMERGENCY COORDINATOR (A) NAME \_\_\_\_\_  
(B) BUSINESS ADDRESS \_\_\_\_\_  
(C) TELEPHONE \_\_\_\_\_ BUSINESS \_\_\_\_\_ AFTER HOURS \_\_\_\_\_

---

7. PUBLIC RELATIONS OFFICER (A) NAME \_\_\_\_\_  
(B) BUSINESS ADDRESS \_\_\_\_\_  
(C) TELEPHONE \_\_\_\_\_ BUSINESS \_\_\_\_\_ AFTER HOURS \_\_\_\_\_

---





# Disaster Assistance Form

**CALIFORNIA DEPARTMENT OF AGING  
SITE EMERGENCY CONTACT INFORMATION AND  
RESOURCE SUMMARY**

CDA 43 (NEW 3/83)

PAGE 2 OF 2

**10. FACILITIES AVAILABLE TO PROJECT AT SITE**

(A) MAXIMUM OCCUPANCY (ENTER NUMBER) \_\_\_\_\_ SEATED \_\_\_\_\_ ASSEMBLY

(B) KITCHEN (CHECK EACH THAT APPLIES)

NONE                       COMMERCIAL/RESTAURANT TYPE                       HOME/SNACK TYPE

(C) COMMUNICATION (CHECK EACH THAT APPLIES)

RADIO (CHECK IF RADIO BATTERY OPERATED )  
 TELEVISION (CHECK IF TELEVISION BATTERY OPERATED )  
 CB RADIO ( RECEIVER  TRANSMITTER)  
 SHORTWAVE RADIO ( RECEIVER  TRANSMITTER)

(D) MEDICAL/FIRST AID (CHECK EACH THAT APPLIES)

SIMPLE FIRST AID KIT                                               TREATMENT/DIAGNOSIS FACILITIES AND EQUIPMENT  
 OXYGEN/RESUSCITATION EQUIPMENT

**11. PRINCIPAL USE OF BUILDING (CHECK ONE ONLY)**

SENIOR CENTER ONLY (NO OTHER USE)                       RECREATION CENTER  
 COMMUNITY CENTER                                               SCHOOL  
 CHURCH                                                                       OTHER (SPECIFY) \_\_\_\_\_

**12. PROJECT VEHICLES AT SITE (ENTER NUMBER OR ZERO, AS APPROPRIATE)**

(A) TOTAL PROJECT VEHICLES ASSIGNED TO SITE \_\_\_\_\_

NO. PASSENGER SEDAN(S) \_\_\_\_\_

NO. VANS (PASSENGER OR CARGO) \_\_\_\_\_

NO. VANS WITH WHEELCHAIR LIFTS \_\_\_\_\_

NO. TRUCKS (INCLUDING PICKUPS) \_\_\_\_\_

(B) TOTAL PROJECT VEHICLES GARAGED AT SITE \_\_\_\_\_

(C) TOTAL PROJECT VEHICLES EQUIPPED WITH 2-WAY RADIOS \_\_\_\_\_

**13. MEALS (ENTER NUMBER OR ZERO, AS APPROPRIATE)**

(A) MEALS PREPARED AT SITE PER SERVICE DAY \_\_\_\_\_

(B) MEALS SERVED AT SITE PER SERVICE DAY \_\_\_\_\_

(C) HOME-DELIVERED MEALS SENT FROM SITE PER SERVICE DAY \_\_\_\_\_

(D) MEALS PREPARED FOR OTHER SITES PER SERVICE DAY \_\_\_\_\_

NOTE: (A) MUST EQUAL SUM OF (B) PLUS (C) PLUS (D)

**14. SENIORS IN SITE SERVICE AREA (ENTER NUMBER)**

(A) SENIORS LIVING IN SITE SERVICE AREA \_\_\_\_\_

(B) SENIORS LIVING ALONE IN SITE SERVICE AREA \_\_\_\_\_

(C) HOME-BOUND OR DISABLED SENIORS LIVING IN SITE SERVICE AREA \_\_\_\_\_

# Disaster Assistance Form

SITE SURVEY SUMMARY  
CDA 44 (NEW 3/83)

PSA \_\_\_\_\_ COUNTY \_\_\_\_\_ EFFECTIVE DATE \_\_\_\_\_ PAGE \_\_\_\_\_ OF \_\_\_\_\_

FACILITY CHARACTERISTICS		COMMUNICATIONS	MEALS PREPARED ON SITE						
			MEALS COOKED ON SITE	MEALS SERVED AT SITE	MEALS HOME DELIVERED	MEALS DELIVERED TO OTHER SITES			
CONSTRUCTION	ACCESS	PRINCIPAL USE	OTHER FEATURES	VEHICLES					
				WOOD FRAME	TOTAL VEHICLES	RAMP OR LIFE	SITE PARKED	RADIO EQUIPPED	
				CONCRETE SLAB	SENIOR CTR ONLY	SCHOOL	KITCHEN	BATT OPR RADIO	BATT OPR TV
				CONCRETE BLOCK	RECREATION CTR	CHURCH	MAXIMUM OCCUPANCY	CB RADIO	SW RADIO
				BRICK	RESTROOMS	OTHER			
				METAL	ACCESSIBLE RESTROOMS				
				OTHER	ACCESS RAMP				
				FLOORS	ACCESSIBLE RESTROOMS				
					ACCESSIBLE RESTROOMS				
					ACCESSIBLE RESTROOMS				
SITE NAME									
SITE ADDRESS									
NEAREST MAJOR CROSS STREET									
SITE TELEPHONE									
SITE NAME									
SITE ADDRESS									
NEAREST MAJOR CROSS STREET									
SITE TELEPHONE									
SITE NAME									
SITE ADDRESS									
NEAREST MAJOR CROSS STREET									
SITE TELEPHONE									
COMMENTS									



# Disaster Assistance Form

CALIFORNIA DEPARTMENT OF AGING  
CRITICAL LOCAL CONTACTS  
CDA 45 (NEW 3/83)  
PAGE 1 OF 7

EFFECTIVE DATE \_\_\_\_\_

## PART I: LOCAL EMERGENCY SERVICES/CIVIL DEFENSE AGENCY(IES)<sup>1</sup>

A. (1) Agency \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_ [(5) Home Phone \_\_\_\_\_ ]<sup>2</sup>

B. (1) Agency \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_ [(5) Home Phone \_\_\_\_\_ ]<sup>2</sup>

C. (1) Agency \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_ [(5) Home Phone \_\_\_\_\_ ]<sup>2</sup>

D. (1) Agency \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_ [(5) Home Phone \_\_\_\_\_ ]<sup>2</sup>

<sup>1</sup>A Contact person should be established within each city and county jurisdiction in the PSA. Use additional copies of this page as necessary.  
<sup>2</sup>Entries in brackets are desirable but optional.

# Disaster Assistance Form

CALIFORNIA DEPARTMENT OF AGING  
CRITICAL LOCAL CONTACTS  
CDA 45 (NEW 3/83)  
PAGE 2 OF 7

EFFECTIVE DATE \_\_\_\_\_

## PART II: PRIVATE RELIEF ORGANIZATIONS

A. (1) Agency AMERICAN RED CROSS (REGIONAL)  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_ [(5) Home Phone \_\_\_\_\_ ]<sup>1</sup>

B. (1) Agency SALVATION ARMY  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_ [(5) Home Phone \_\_\_\_\_ ]<sup>1</sup>

C. (1) Agency MENNONITES  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_ [(5) Home Phone \_\_\_\_\_ ]<sup>1</sup>

D. (1) Agency \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_ [(5) Home Phone \_\_\_\_\_ ]<sup>1</sup>

<sup>1</sup>Entries in brackets are desirable but optional.

# Disaster Assistance Form

CALIFORNIA DEPARTMENT OF AGING  
CRITICAL LOCAL CONTACTS  
CDA 45 (NEW 3/83)  
PAGE 3 OF 7

EFFECTIVE DATE \_\_\_\_\_

## PART III: WELFARE AGENCY(IES)<sup>1</sup>

A. (1) Agency \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_ [(5) Home Phone \_\_\_\_\_ ]<sup>2</sup>

B. (1) Agency \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_ [(5) Home Phone \_\_\_\_\_ ]<sup>2</sup>

C. (1) Agency \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_ [(5) Home Phone \_\_\_\_\_ ]<sup>2</sup>

D. (1) Agency \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_ [(5) Home Phone \_\_\_\_\_ ]<sup>2</sup>

<sup>1</sup>A Contact person should be established within each county within the PSA. Use additional copies of this page as necessary.

<sup>2</sup>Entries in brackets are desirable but optional.

# Disaster Assistance Form

CALIFORNIA DEPARTMENT OF AGING  
CRITICAL LOCAL CONTACTS  
CDA 45 (NEW 3/83)  
PAGE 4 OF 7

EFFECTIVE DATE \_\_\_\_\_

## PART IV: LAW ENFORCEMENT AGENCY(IES)<sup>1</sup>

A. (1) Agency \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_ [(5) Home Phone \_\_\_\_\_]<sup>2</sup>

B. (1) Agency \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_ [(5) Home Phone \_\_\_\_\_]<sup>2</sup>

C. (1) Agency \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_ [(5) Home Phone \_\_\_\_\_]<sup>2</sup>

D. (1) Agency \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_ [(5) Home Phone \_\_\_\_\_]<sup>2</sup>

<sup>1</sup>A Contact person should be established with each agency (CHP, Sheriff, Police) within the PSA. Use additional copies of this page as necessary.  
<sup>2</sup>Entries in brackets are desirable but optional.

# Disaster Assistance Form

CALIFORNIA DEPARTMENT OF AGING  
CRITICAL LOCAL CONTACTS  
CDA 45 (NEW 3/83)  
PAGE 5 OF 7

EFFECTIVE DATE \_\_\_\_\_

## PART V: MINISTERIAL ALLIANCE/COUNCIL OF CHURCHES<sup>1</sup>

A. (1) Agency \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_ [(5) Home Phone \_\_\_\_\_ ]<sup>2</sup>

B. (1) Agency \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_ [(5) Home Phone \_\_\_\_\_ ]<sup>2</sup>

C. (1) Agency \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_ [(5) Home Phone \_\_\_\_\_ ]<sup>2</sup>

D. (1) Agency \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_ [(5) Home Phone \_\_\_\_\_ ]<sup>2</sup>

<sup>1</sup>A Contact person should be established within each county within the PSA. Use additional copies of this page as necessary.  
<sup>2</sup>Entries in brackets are desirable but optional.

# Disaster Assistance Form

CALIFORNIA DEPARTMENT OF AGING  
CRITICAL LOCAL CONTACTS  
CDA 45 (NEW 3/83)  
PAGE 6a OF 7

EFFECTIVE DATE \_\_\_\_\_

## PART VI: AREA MEDIA - RADIO<sup>1</sup>

A. (1) Call Letters/Name \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_

B. (1) Call Letters/Name \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_

C. (1) Call Letters/Name \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_

D. (1) Call Letters/Name \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_

<sup>1</sup>A Contact person should be established at each major radio station within the Planning and Service Area. Add additional pages as necessary.

# Disaster Assistance Form

CALIFORNIA DEPARTMENT OF AGING  
CRITICAL LOCAL CONTACTS  
CDA 45 (NEW 3/83)  
PAGE 6b OF 7

EFFECTIVE DATE \_\_\_\_\_

## PART VI: AREA MEDIA - TELEVISION<sup>1</sup>

A. (1) Call Letters/Name \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_

B. (1) Call Letters/Name \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_

C. (1) Call Letters/Name \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_

D. (1) Call Letters/Name \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_

<sup>1</sup>A Contact person should be established at each major television station within the Planning and Service Area. Add additional pages as necessary.

# Disaster Assistance Form

CALIFORNIA DEPARTMENT OF AGING  
CRITICAL LOCAL CONTACTS  
CDA 45 (NEW 3/83)  
PAGE 6c OF 7

EFFECTIVE DATE \_\_\_\_\_

## PART VI: AREA MEDIA - NEWSPAPERS<sup>1</sup>

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A. (1) Call Letters/Name \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_

---

B. (1) Call Letters/Name \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_

---

C. (1) Call Letters/Name \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_

---

D. (1) Call Letters/Name \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_

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<sup>1</sup>A Contact person should be established at each major newspaper within the Planning and Service Area. Add additional pages as necessary.

# Disaster Assistance Form

CALIFORNIA DEPARTMENT OF AGING  
CRITICAL LOCAL CONTACTS  
CDA 45 (NEW 3/83)  
PAGE 7 OF 7

EFFECTIVE DATE \_\_\_\_\_

## PART VII: CITIZEN BAND CLUBS/HAM RADIO OPERATORS<sup>1</sup>

A. (1) Agency \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_ [(5) Home Phone \_\_\_\_\_ ]<sup>2</sup>

B. (1) Agency \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_ [(5) Home Phone \_\_\_\_\_ ]<sup>2</sup>

C. (1) Agency \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_ [(5) Home Phone \_\_\_\_\_ ]<sup>2</sup>

D. (1) Agency \_\_\_\_\_  
(2) Contact Person \_\_\_\_\_  
(3) Business Address \_\_\_\_\_  
\_\_\_\_\_  
(4) Business Phone \_\_\_\_\_ [(5) Home Phone \_\_\_\_\_ ]<sup>2</sup>

<sup>1</sup>This is an optional category.

<sup>2</sup>Entries in brackets are desirable but optional.

