# EMERGENCY EVACUATION PERSONAL INFORMATION – 2011 Season

**INFORMATION REQUIRED BY THE PRIVACY ACT OF 1974**

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|---|---|
| AUTHORITY: | Title 5. U.S.C. 5701-5742: Title 37, U.S.C. 404 – 427 and E.O.9397 |
| PRINCIPAL PURPOSE: | Used for reviewing, approving, accounting and disbursing for official travel. SSN is used to maintain a numerical identification system for individual claims. |
| ROUTINE: | To substantiate claims for reimbursement for official travel or emergency dependent evacuation. |
| DISCLOSURE: | Voluntary Failure to furnish information requested may result in total or partial denial of amount claimed. |

**Complete the following information concerning your intentions in the event of an ordered emergency evacuation:**

**DATE FORM COMPLETED:** _____

MEMBER NAME: _____ SSN: _____

DUTY STATION: CAMSLANT EMPLID #: _____

HOME ADDRESS: _____ CITY: _____ ST/Zip: ____/_____

My HOME Phone: _____ CELL/ALTERNATE Phone Number: _____

I reside in the following (check one):

- ☐ Privately Owned Home
- ☐ DoD Family Housing
- ☐ UEPH (Barracks)
- ☐ Rent on Economy
- ☐ Leased Housing

## DEPENDENT INFORMATION -- Number of Dependents excluding spouse residing with you:

- Are you married? Not Married Name of Spouse: _____

| NAME | AGE/DoB | SEX | **Reside with you?** If no, provide address, City, ST, Zip |
|---|---|---|---|
| _____ | ___/_____ | Female | _____ |
| _____ | ___/_____ | Female | _____ |
| _____ | ___/_____ | Female | _____ |
| _____ | ___/_____ | Female | _____ |
| _____ | ___/_____ | Female | _____ |

**DO YOU OR YOUR DEPENDENTS HAVE ANY SPECIAL NEEDS, SUCH AS WHEELCHAIR ACCESS, SPECIAL MEDICAL EQUIPMENT?** If so, please identify WHO requires WHAT Special Need:

## IN THE CASE OF AN EVACUATION ORDER DO YOU INTEND TO RELOCATE YOUR DEPENDENTS TO THE COAST GUARD IDENTIFIED SAFE HAVEN?

☐ **YES** ☐ **NO** ☐ Not Applicable

**Please Note:** If you choose to send your dependents to a site not selected by the Evacuation Authority, you may be waiving evacuation entitlements unless approved prior to departure.

**IF NO** ... provide the address of the evacuation location for your dependents:

EVAC ADDRESS: _____ CITY: _____ ST/Zip: ____/_____

EVAC Contact Phone: _____ MAIN Contact EVAC Number: _____

**THIRD PARTY POC** (Someone that you will contact and notify of your whereabouts in an emergency – can be out of state)

Name: _____ CONTACT PHONE: _____

Return this form to: ADMIN