UTSE Personal Readiness and Go Bag Information
For people unable to self evacuate (UTSE)

THINGS TO DO FIRST:

► Complete information on other side
► Recent picture
► Medications currently using, dosage, frequency (Meds for 90 days—this will be difficult, but have as much as possible including prescription information from your pharmacy, especially in the case of compound drugs). Include non-prescription medications
► Recent medical history (surgeries within past year, pending surgeries, current treatments)
► Your doctor’s name
► What hospital you go to

THINGS TO DO NEXT:

► Give copy of all “THINGS TO DO FIRST” information to school, neighbor, and family (in-state and out-of-state)
► Guardian/parent/next-of-kin/personal assistant emergency contact information (in-state and out-of-state)
► Who knows you at work and school—name and phone numbers
► Who helps you in the community (service providers)—name and phone numbers
► Special food needs
► Who do you call when your equipment breaks—name and phone number
► Who is your case worker for DFS, SSDI, or waiver questions—names and phone numbers
► Therapist—name and phone number
► Service animal supplies (leash, food, meds, etc.)
► Mobility extras (battery pack, charger, extra cane, etc.)

See other side....

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UTSE Go Kit Information
For people unable to self evacuate (UTSE)

Name: ___________________________________________________________
Date of birth: ______________________________________________________
Social Security number: _____________________________________________
Allergies (food, medication, animals, etc.): ___________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
Medications (Dosage: How much? How often?): _________________________
_________________________________________________________________
_________________________________________________________________
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If you would like more information about how to best prepare for an emergency situation, please contact the Wyoming Institute for Disabilities at the University of Wyoming, Dave Schaad, (307) 766-2095 or dschaad@uwyo.edu.