

Vulnerable Adult Emergency Preparedness Risk Checklist

Personal Information

Name	
Date	
Assessor	

Risk Factors Checklist

Risk Factor	Yes	No	Comments
Limited mobility or requires assistance to evacuate			
Relies on medical devices or equipment that require electricity			
Requires life-sustaining medication or treatments			
Has communication, sensory, or cognitive challenges			
No support network available nearby			
Lives in flood, fire, or other high-risk hazard zone			
Other risk factors			

Current Emergency Plan

Emergency Contact Details	
Evacuation Plan in Place	
Medical Supplies/Medications Accessible	
Backup Power/Alternative Communication	
Other Key Information	

Notes and Recommendations

--

