

## INDIVIDUAL RESIDENT EMERGENCY ESCAPE PLAN

(Requirement 9555.6225 Subp. 5)

**Resident's Name:** \_\_\_\_\_

**Date Completed:** \_\_\_\_\_

**Designated area within the home for storms/tornadoes:**

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**Emergency escape plan for resident:** (Can the resident exit on their own, do they need physical assistance or prompts, do they respond to the sound of a smoke detector, what assistance does a caregiver need to provide, etc.)

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