

**Be Prepared, Not Scared Family Reunification Plan**

**Meeting Place-**

**Outside of Home:** \_\_\_\_\_

**Outside of Your Neighborhood:** \_\_\_\_\_

**Outside of Your School:** \_\_\_\_\_

**Outside of Your County:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**Be Prepared, Not Scared Family Reunification Plan**

**Contacts**

Local Authorized Contact Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Local Authorized Contact Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work: \_\_\_\_\_

**Out of State Authorized Contact**

Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work: \_\_\_\_\_

**Out of State Authorized Contact**

Name: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work: \_\_\_\_\_