

**Ohio Task Force One  
FAMILY NOTIFICATION FORM**

Team (Circle)	Command    Rescue    Search    Medical    Hazmat    Planning    Logistics
Member Name	
Name of Contact & Relationship to member	
Street Address	
City, State	
Home Phone	Primary phone contact
Cell Phone	Primary phone contact
Work Number	
Participating Agency	
Participating Agency contact and phone number	
Alternate Contact	
Alternate Phone	
Any particular assistance the family may need help with in your absence or special instructions:	