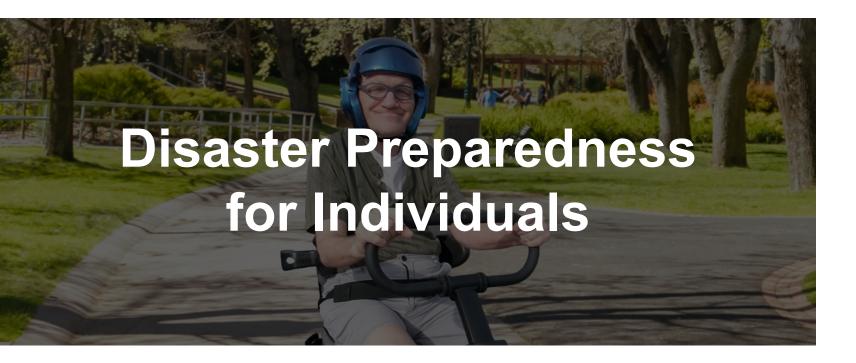


Disaster Preparedness for Individuals





Welcome!



Disasters and emergencies can happen quickly and without warning, leaving you little time to respond. That is why being prepared before the disaster occurs can help you respond quickly and appropriately – and maybe even save your life.

You may find that some services – even power and water – may not be available. Help will be coming, but it may take time for them to get to you. In the meantime, you will have to be able to take care of yourself.

Missouri Department of Mental Health's Office of Disaster Services created this booklet to help you get ready for disasters and emergencies.

You'll find information to help you:

- Make an emergency kit.
- 2 Create plans for different types of emergencies.
- Be sure those who help you know your plans.
- 4 Know how you will communicate during an emergency.
- 5 Know how and where to get information about weather conditions, etc.

This guide is about **YOU**!



Everyone should have some basic items, like food and water, in their emergency kit, but you may need some extra things or people to take care of you until help arrives.

This guidebook is YOUR plan. It will help you:

- Figure out what are the most important things you will need when there is an emergency.
- Know where you usually get what you need.
- Know where to find the items you need the most during an emergency.
- If you can't get what you need the usual way, figure out if there are other ways to get it.

All you have to do is answer the questions and it will help you focus on three main areas:







SUPPORT SYSTEM

The people in your life who help you are called your "support system." They are there to help you any time you need it. Who are the people in your life who help you?

Complete this form either online or by printing and completing on paper.

Save a digital or printed copy of the completed document. Consider taking a clear screenshot with your smartphone as an easy alternative for digital storage.

| Name Co | ell Phone | Work Phone | Email |
|---------|-----------|---------------|-------|
|---------|-----------|---------------|-------|

Family Members

Friends/ Neighbors

Case Manager/
Service
Coordinator

Guardian

Staff

WHEN SOMETHING HAPPENS

When an emergency or disaster like a fire, tornado, winter storm, or earthquake happens, you will have to decide where you can stay to be safe. You may be able to stay in your home (called "sheltering in place") or you may have to go somewhere else (called "evacuating") if your home is not safe. Different disasters require different actions.

FIRE

You cannot stay in your burning home, so you will have to evacuate



WINTER STORM

You may be safest staying in your home, as long as you can plan ahead and have all the supplies you will need for the length of the storm.



SHELTERING IN PLACE

In most disasters, you will be able to stay in your own home. This is called "sheltering in place." It means you will not have to be out in dangerous conditions like:

- Unsafe snowy or icy roads and sidewalks after a winter storm
- The litter left after a tornado (called "debris")
- Very hot and dangerous temperatures in the summer

However, sheltering in place takes planning ahead of time. You have to think of all the things you will need to have at home so you stay safe while you can't leave. For example, you have to be sure you have plenty of all of your medicine, in case you can't get them from the pharmacy. You can get extra water, canned food and other supplies (this is sometimes called "stockpiling").

Don't forget to get a can opener that doesn't require electricity in case the power goes out!

In the winter, make sure you have plenty of blankets to keep you warm. In summer, you will need to drink plenty of water. If you freeze it ahead of time, the ice can keep you cool and you can drink it when it melts.

Staying home is best in any emergency or disaster, if you can do it safely. You will be comfortable and have all of your things around you.

Start planning now so you can just stay home!



If you have to leave your home you need to consider:



0

Who will tell you to leave? Who will tell you it is safe to come back? If you will make that decision for yourself, where will you get the information you need to make the decision?

- To be prepared for an emergency, you need to know who will tell you what to do. This could be a family member, guardian, case manager, personal care assistant, or employer. Make sure you have their phone number so you can call them if needed.
- It's important to have a way to understand the weather forecast. You might have a National Weather Service radio or something else that helps you know the weather. If you can use your phone or tablet, there are free apps you can download. These include Weather Emergency Alerts, the National Weather Service, the American Red Cross, and FEMA (Federal Emergency Management Agency).
- Your community might have a special system like Reverse 9-1-1 to let you know about emergencies. If they do, make sure you are signed up for it. Also, check that you have working smoke detectors and carbon monoxide detectors in your home. They should be working well, including for people who are deaf or hard of hearing. Batteries should be checked twice a year. It is easy to remember to do this when you change clocks for daylight savings time.



If you have to leave in a hurry, like in the case of a fire, do you have an escape plan from your home? Do you use an elevator to get to the exit(s) of your home?

• If the power is out and you need to use the stairs, think about if you need someone's help. If you do, make sure to talk to them to see if they can help you when needed. Also, practice with them to be safe and quick when you leave your home. Getting ready like this will help you feel more prepared and confident if you have to leave without power.

• If you're counting on emergency helpers, like firefighters, to assist you, think about what you'll do if they can't get to you quickly. It's important to have a plan for how to keep safe until they arrive.



Home Fire Safety for People with Mobility Impairments



Fire Safety for People with Disabilities



Do you have a meeting place close by your home (sometimes called a "rally point") where you are supposed to meet your neighbors, family or friends?

| • | Where | is that | place? | , |
|---|-------|---------|--------|----------|
| | | | | |

What if that place is blocked off? What is the second option for a rally point?

| Does everyone kr | ow what those places are? |
|------------------|---------------------------|
|------------------|---------------------------|

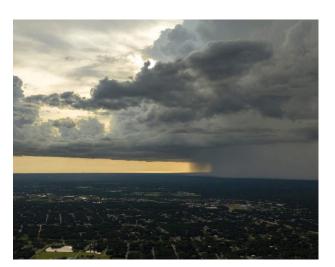


4

What if you have to evacuate to an area outside of your neighborhood? Do you know what that place is?

|--|

- What if that place is blocked off? What is the second option for a rally point?
- Does everyone know what those places are?





If you know a severe storm is coming, what plans do you have in place?

- Do you have a place you can go? Where is that place? Is it a family member's house, neighbor's house, etc.?
- Contact information for that person/location:
 - How will you let them know you are coming?
 - To reach your destination, you might wonder if someone will pick you up or if you should take a city bus or use a service like OATS. It's important to have the bus schedule and contact information ready to ensure a smooth journey.



6

Can you take everything you need, like medical equipment, etc., to this location? Are those at the location prepared to assist you, if you need it?

This is a list of what I would need to take with me:

- Assistive equipment
- Medications
- Comfort items like favorite blankets, toys or clothes
- Cell phone or tablet

- List of contacts who can help me, like guardians or parents
- A few clothes
- Other



7

Organizations like the Red Cross may be opening emergency shelters that will provide for basic needs like food, cots, blankets, and first aid. You should plan to take items specifically for you. This might include:

Your medications

Your assistive equipment

Items that give you comfort

If you can't take these things with you, you will have to ask for them at the shelter. Use this form to list things you might need to take or ask for.

ITEMS YOU NEED TO TAKE WITH YOU AND/OR REQUEST AT THE SHELTER

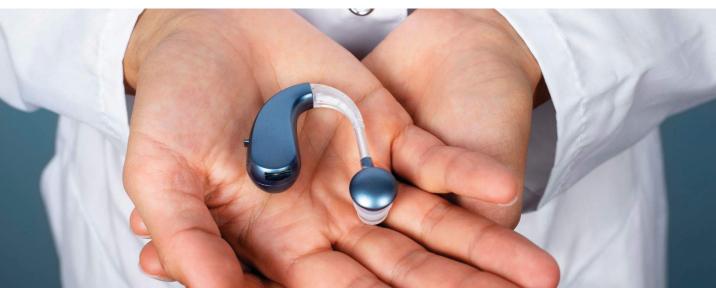
Complete this form either online or by printing and completing on paper.

Save a digital or printed copy of the completed document. Consider taking a clear screenshot with your smartphone as an easy alternative for digital storage.

Items to take with me

Items to be requested at shelter

COMMUNICATION ASSISTANCE



Do you need help communicating because you are deaf, hard of hearing, have a speech disability, or don't speak English? You will need to consider this when planning for emergencies and disasters.

Do you use a device to help you communicate?

| Do you use a device like a message board or electronic tablet to help you |
|---|
| communicate? |
| Make sure you have chargers or batteries in your emergency kit to keep the device |
| running as long as you need it in an emergency. |

Do you communicate in another language? What language is it?

• If you communicate in another language, it can be helpful to have information with you in a disaster that can show what language you speak and who you rely on daily to help you communicate. Carry with you their name, phone number and relationship to you if you want emergency workers to contact them. Disaster workers who don't work on a regular basis with people with disabilities may not have information about interpretation and translation providers. If there is a company you regularly work with, carry that information with you, too.

| Have you downlo | paded any app | s or your pho | one or tablet that | t can help you |
|-----------------|---------------|---------------|--------------------|----------------|
| communicate? | | | | |



DOCTORS

There are several places in this document where we suggest you discuss your emergency plans with your doctor(s). You should also know what their emergency plans are and how they would suggest you get treatment during a disaster.

Primary Care Doctor

Name

A primary care doctor is your main doctor for general health issues, checkups, and vaccinations. They guide you through illnesses and refer you to specialists if needed.

Contact information

How do they connect with you about appointments, etc.?

| • | Is this how they will reach out to you in disasters? |
|-----|---|
| • | Where could you get care if they are unavailable? |
| | |
| Oth | er Doctors that Care for You |
| Spe | cialized doctors focus on specific parts of the body and health issues, |
| pro | viding targeted care and treatment. |
| • | Name |
| • | I see them for |
| • | Contact information |
| • | How do they connect with you about appointments, etc.? |
| | |
| • | Is this how they will reach out to you in disasters? |
| • | Where could you get care if they are unavailable? |

REGULAR MEDICAL TREATMENTS



You may need to be able to access regular medical treatments for certain chronic diseases (like dialysis for kidney disease). If you need to go for treatment on a regular basis, you will need to talk with your doctor about how to access that treatment in a disaster or emergency.

Consult your doctor and make a plan if you are currently participating in these treatments:

| 1. Dialysis |
|--|
| Location of clinic |
| Days of treatment |
| Upcoming appointments |
| 2. Chemotherapy or radiation for cancer treatment |
| Location of clinic |
| Days of treatment |
| Upcoming appointments |
| 3. Rehabilitation therapy and physical therapy for conditions like stroke, Parkinson's disease |
| Location of clinic |
| Days of treatment |
| Upcoming appointments |
| 4. Physical therapy for ongoing conditions or following a recent surgery |
| Location of clinic |
| Days of treatment |
| Upcoming appointments |
| |

HEALTH PASSPORT

This document has important information so you can get to know me and better support me when I am receiving medical, dental, or other care. I will keep this information where it can easily be found. First Responders: **PLEASE READ THIS BEFORE** trying to help me with care or treatment.

Change Log

| Date Changed | Changed By | |
|-----------------------------------|--------------------|--|
| | | |
| | | |
| | | |
| | I | |
| Demographic Information | | |
| Name: | DOB: | |
| Home Address: | | |
| | | |
| | Race: | |
| Marital Status: | | |
| Primary Care Physician: | Phone: | |
| Address: | | |
| | Phone: | |
| Address: | | |
| | Phone: | |
| Address: | | |
| Preferred Hospital: | | |
| Address: | | |
| Other healthcare providers and co | ntact information: | |
| | | |
| | | |

| Medical Conditions: |
|---|
| |
| Medications: |
| |
| |
| I dislike: |
| |
| When I dislike something I express it by: |
| |
| |
| The best way to communicate with me is: |
| |
| My yeard aloon nottorn in |
| My usual sleep pattern is: |
| |
| I usually interact with strangers this way: (friendly, smiles, anger, fear, etc.) |
| |
| |
| When upset, the best way to help me calm down is: |
| |
| Things that I am sensitive to include: (specific sights, sounds, odors, textures, etc.) |
| |
| |
| Things that help me pass the time: |
| |

EQUIPMENT

Do you use equipment to help you with your daily activities – getting around, eating, hearing, seeing, and breathing easier? If you did not have the equipment, would you still be able to go about your daily routine? These items may not be provided by the people who help you after an emergency, so let's make a plan for them.

Do you use:

| A medical alert system, like one of these, that will check on you or that you can contact in an emergency? | | | |
|--|--|--|--|
| Does it have battery backup? | | | |
| □ Life Alert | □ MobileHelp | | |
| How do you contact them? | How do you contact them? | | |
| Press a button | Press a button | | |
| Phone this number | Phone this number | | |
| ☐ LifeStation How do you contact them? | — □ Phillips Lifeline How do you contact them? | | |
| Press a button | Press a button | | |
| Phone this number | Phone this number | | |
| ☐ Medical Alert How do you contact them? | | | |
| Press a button | | | |
| Phone this number | | | |



Do you use devices that help you move and get around:

| ☐ A motorized wheelchair | | | |
|--|-----------------------|--|--|
| Do you have extra batteries and/or chargers for the chair in your kit? | | | |
| Company that provides supplies and | d services the chair: | | |
| Name | Contact information | | |
| □ Walker | | | |
| Company that provided the walker: | | | |
| Name | Contact information | | |
| □ Cane | | | |
| Company that provided the cane: | | | |
| Name | Contact information | | |
| □ Positioning Devices | | | |
| Company that provided the positioning devices: | | | |
| Name | Contact information | | |
| What are short-term replacements for this equipment? | | | |
| | | | |



| Do you use devices/aids that help you eat: | | | | | | |
|---|---|--|--|--|--|--|
| ☐ Bendable utensils, lipped plates a | ☐ Bendable utensils, lipped plates and bowls, special straws and cups, etc. to help | | | | | |
| with eating. | | | | | | |
| Describe the supplies that need to be replaced | | | | | | |
| | | | | | | |
| □ Gastrostomy tube (G-tube) | | | | | | |
| Does your kit include supplies (syringes, pumps)? | | | | | | |
| Does your kit contain extra feeds? | | | | | | |
| Company that supplies your feeds: | | | | | | |
| Name | Contact information | | | | | |



| Do you use devices/aids that help you hear: | | | | |
|--|---------------------|--|--|--|
| ☐ Hearing aids | | | | |
| □ Cochlear implants | | | | |
| ☐ Other assistive listening device | s? | | | |
| For all these devices, ask these questions about your emergency kit: | | | | |
| Do you have extra batteries? | | | | |
| Do you have chargers? | | | | |
| Company that provides the device | e and its supplies: | | | |
| Name | Contact information | | | |

Do you use devices/aids that help you see and read:

- ☐ Eyeglasses or contact lenses
- ☐ Magnifiers
- ☐ Screen readers
- □ Tablets
- ☐ Other assistive devices?

For all of these devices:

- Do you have extra batteries?
- Do you have chargers?_
- Company that provides the device and its supplies:
- Name_____
- Contact information______

Do you use devices that help you breathe more easily:

- □ Oxygen
 - □ Tank
 - $\ \square \ \ Concentrator$
 - ☐ Do you have extra tanks, tubes, batteries/charger in your kit?_____
- □ Ventilator
- ☐ Rescue inhaler
- □ BIPAP
- □ C-PAP

Do you have extra masks, tubing, wipes for cleaning, batteries/charger in your kit?







Do you use aids for digestive or urinary assistance (stomas):

□ Colostomy

Do you have extra pouches and skin barriers in your kit?

☐ Ileostomy

Do you have extra pouches and skin barriers in your kit?

☐ Urostomy

Do you have extra pouches and skin barriers in your kit?_____



Do you use aids to help you stay calm in stressful situations:

- ☐ Noise-cancelling headphones
- ☐ Designated quiet space
- ☐ Weighted vest or blanket
- ☐ Fidget toys or stress balls
- ☐ Picture boards or picture apps on mobile devices to help with communication
- ☐ Items of different textures soft blanket, sand in a bag, music player
- ☐ Paper to tear
- ☐ Copy of a daily routine (so you can stick to it as closely as possible)

IN-HOME CARE



Many people who live in their own homes still need some help, so they have a caregiver who comes regularly to help them with some of their activities of daily living. If you have a caregiver, you will need to be sure you can get their help after an emergency or disaster. If you have to go to a disaster shelter, you may have to arrange for that person to help you at the shelter while you are there.

MEDICATIONS

"Medications" are medicines you take, including both prescribed medicines and overthe-counter medicines that don't require a prescription. You may take some for a short time to treat a current condition (like antibiotics when you have an infection). You may take others on an ongoing basis to maintain a condition (like medicines for high blood pressure or diabetes).



Finally, there are medicines you take to treat symptoms (like Tylenol or ibuprofen for a headache). You need to understand which of those medications are important for your health, and make a plan for having those medications in an emergency. You should figure out how you would replace your medications if they are lost or you have to leave them behind in a disaster or emergency. You may need to get help from your doctor or pharmacist if you're not sure about replacing them.

Make a list of your medications and note if they are:

Very Important - You need them to stay alive

Important - You need them to manage serious health conditions

Somewhat Important - You need them to manage less serious health conditions that are not life-threatening

MEDICINE

Save a digital or printed copy of the completed document. Consider taking a clear an easy alternative for digital storage. online or by printing and completing on paper. screenshot with your smartphone as Complete this form either

PRESCRIPTION MEDICINES

| | Can you get it replaced at your pharmacy? | | | | |
|--|---|--|--|--|--|
| | Is this medication in your emergency kit? | | | | |
| | Importance of medication | | | | |
| | Pharmacy name and phone number? | | | | |
| | Which doctor prescribed it and what is their phone number? | | | | |
| | When you take it (morning, with meals, 2 times a day, etc.) | | | | |
| | Dosage (how many mgs, etc.) | | | | |
| | Medication Name | | | | |
| | | | | | |

Can you get it replaced at your pharmacy? Is this medication in your emergency kit? PRESCRIPTION MEDICINES YOU TAKE ONLY WHEN NEEDED Importance of medication Pharmacy name and phone number? Which doctor prescribed it and what is their phone number? When you take it (morning, with meals, 2 times a day, etc.) Dosage (how many mgs, etc.) **Medication Name**

OVER-THE-COUNTER MEDICINES YOU TAKE REGULARLY

| Importance of medication | | | N NEEDED | Importance of medication | | | |
|--------------------------|--|--|-------------------------------------|--------------------------|--|--|--|
| When you take it | | | MEDICINES YOU TAKE ONLY WHEN NEEDED | When you take it | | | |
| Dosage | | | OVER-THE-COUNTER MEDICINES | Dosage | | | |
| Medication Name | | | OVER-THE | Medication Name | | | |

ALLERGIES TO MEDICATIONS

Complete this form either online or by printing and completing on paper.

Save a digital or printed copy of the completed document. Consider taking a clear screenshot with your smartphone as an easy alternative for digital storage.

Medication Name Allergic Reaction

Treatment for Reaction

FOOD

Food is necessary to keep you alive and well, but you might need to plan to have special foods available in an emergency. It is recommended that you include "non-perishable" foods, meaning foods that don't have to be cooked or stored in the refrigerator. These include canned foods like tuna or vegetables, high-energy foods like peanut butter or granola bars, and comfort foods like cookies. Be sure to pack a three-day supply of both nonperishable food and water (one gallon of water per person per day). Also, don't forget a manual can opener!

However, some of these foods may not be healthy for you if you have allergies or dietary restrictions. Emergency shelters and other locations may not be able to accommodate the foods you need to eat. You may need to talk to your doctor or dietician about how to make this part of your emergency planning.

1. Do you have health-related dietary needs?

- Allergies
 - Gluten-free
 - Other dietary limitations
- Vegetarian
- Food consistency (soft, pureed, ground, or thickened liquids)
- Other
- How do you treat a reaction to these restrictions?
 - Epi-Pen?
 - Benedryl or other antihistamine medication?
 - Make sure these are in your kit!
- 2. Do you have instructions in your emergency kit about your dietary needs?
- 3. Do you have religious or ethnic dietary needs (like kosher, halal, etc.)?
- 4. Do you have appropriate food in an emergency kit?

SUPPLIES



If you have to leave your home, you may not know how long you will have to be away. Your emergency kit should include supplies that you will need and use. While the emergency shelter providers and relief workers make every effort to provide the things you need, they may not have everything for you, so it's best to plan for yourself.



Standard

Standard supplies are things that everyone needs that can be purchased at many stores and include: food; water; first aid items like bandages, antiseptic cream, etc.; toiletries like toilet paper, wipes, hand sanitizer, etc.

Specific

Specific supplies are items that you need while others may not. Some of them, like adult briefs or hearing aid batteries, may be easily replaced at many stores. Others may need to be replaced at medical suppliers. The "Equipment" section discusses these supplies as it discusses the equipment.

SERVICE ANIMALS



Your service animal performs one or more very important functions for you. You, and those around you, need to understand what those functions are and make certain the service animal remains safe and healthy in an emergency or disaster. You will need to have an emergency kit for your service animal that includes everything they will need.

Do you have written information in your kit about your service animal in case you get separated?

| Basic information | Do you have inforn |
|------------------------------|---|
| Animal's name | about your anim veterinary care in |
| Animal's physical escription | emergency kitVeterinarian name |
| Is there anything | Veterinarian addre |
| pecific about your | • Veterinarian phone |

should know if you get

separated?

mation ıal's your

- number
- Vaccination records
- Medications

Do you have all of your animal's necessities in your emergency kit?

- Leashes/tethers/ harnesses
- At least 3 days' supply of food for your animal
- Feeding and toileting instructions for your animal (in case someone else needs to provide temporary care)

PETS



Our pets are a part of our families, so we must ensure their needs are included in our emergency kits, just like any other member of the family. You may have to leave your home and take your animal(s) with you.

Consider these items:

- 1. Do you have information for all animals' veterinary care in your emergency kit? Would your veterinarian provide emergency shelter for your pets, if necessary?
- 2. Do you have all of your animals' necessities in your emergency kit?
- Leashes/tethers/harnesses
- At least 3 days' supply of food for your animals
- Feeding and toileting instructions for your animals (in case someone else needs to provide temporary care)

| • Name |
|---|
| • Address |
| • Phone |
| • Email |
| 4. Do you have a regular boarding facility for your animal(s)? Would they provide |
| emergency shelter for your pet(s), if necessary? |
| • Name |
| Address |
| • Phone |
| • Email |
| 5. Do you have a regular grooming facility for your animal(s)? Would they |
| provide emergency shelter for your pet(s), if necessary? |
| • Name |
| Address |
| • Phone |
| • Email |
| 6. How does the animal get along with people? |
| What are specific instructions about how to interact with the animal |
| ∘ approach slowly |
| becomes protective if family member appears to be threatened |
| ∘ has a history of biting/scratching |
| ∘ is or is not comfortable with other animals |
| How will the animal act if separated from you? |
| |
| |
| |
| |

3. Do you have family or friends who are willing to take care of your animal(s)?

HOW TO MAKE A 9-1-1 CALL

If you need to call 911 for help, here are steps you can follow. You don't have to say a lot — just the most important information.



1. Stay as Calm as You Can

- Take a deep breath.
- Remember: the operator is there to help you.



2. First, tell them where you are.

- Tell them where you are:
- Your street address.
- Apartment number or floor.
- A landmark if you don't know the address (ex: "at the gas station on Main Street").

This is the most important thing in case the call gets disconnected.



3. Say What's Wrong

- Use short, clear words:
- "I need an ambulance."
- ∘ "There is a fire."
- "Someone is hurt or sick."



4. Share About Your Disability (if it helps responders)

- You can say something like:
- "I am autistic. I may not answer fast."
- "I have epilepsy. I think I had a seizure."
- "I use a wheelchair and someone has stolen my chair."

This helps them know how to support you safely.



5. Answer Questions Slowly

- The operator may ask:
- "What happened?"
- ∘ "Is anyone hurt?"
- "Are you safe right now?"

It's okay to say: "I don't know" if you aren't sure.



6. Stay on the Line

- Don't hang up until the operator tells you it's okay.
- If you get disconnected, call
 911 back right away.



7. Practice Ahead of Time

- Write down your address and phone number on a card near the phone.
- Practice saying:
- "My name is ____. I live at ___. I need help."
- If you use a speech device, save a message that says: "This is a 911 call. Please send help to [address]. I have a disability."

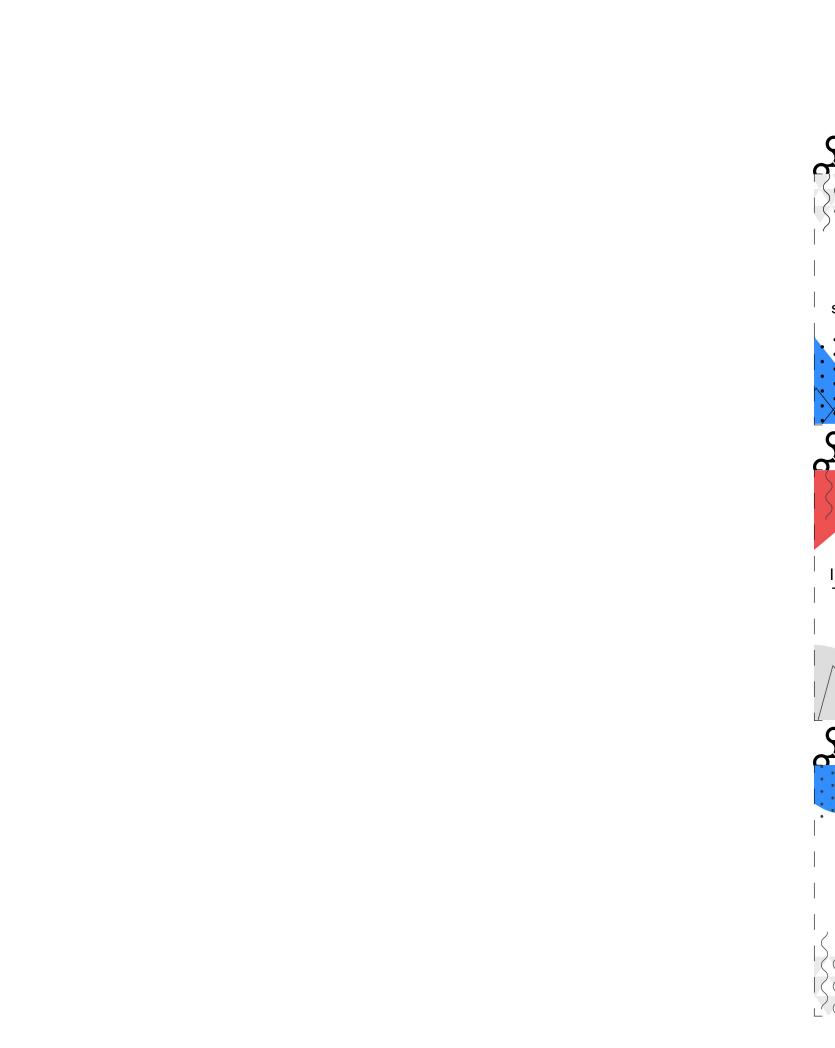
Key Reminder: Even if you feel scared or unsure, call anyway. It is always okay to call 911 if you think you need help.

DISABILITY ALERT CARDS

If you have a disability, fill out the cards below. Cut them out and fold in half.

Keep them with you to hand out as needed.





DISABILITY ALERT CARDS

If you have a disability, fill out the cards below. Cut them out and fold in half. Keep them with you to hand out as needed.

| 2 | Fold Here | • | |
|--|--------------------------|---|---|
| My name is | | | |
| I am blind or have low vi | | | |
| I am generally capable of navigation myself. If you see me moving into situation, please tell me. If I need no assistance, I will ask for your | an unsafe avigational | Etiquette for interacting with a blind person is that one does not touch the person or their cane or service animal without their permission. | |
| My emergency contact i | s | | / |
| Name:Phone: | | | |
| <u> </u> | Fold Here ↓ | • | |
| My name is | | | |
| I am deaf or hard of hear | ing. | When interacting with someone who is deaf or hard of hearing, there | |
| I need to understand you are speak Tap me to get my attention, if neces be sure I can clearly see your face | ssary, and | is no need to speak loudly unless you are asked to do so. Speak clearly with normal facial expressions and direct | |
| My emergency contact is | s | conversation to them, even if they have an interpreter. | |
| Name:Phone: | | | |
| Q | Fold Here | - | |
| My name is | | | |
| l have an intellectual o | | Etiquette for interacting with individuals who have intellectual or developmental | |

developmental disability.

I will likely need a bit longer to process what you are saying. My speech or actions may seem unexpected, so please be patient.

My emergency contact is

Name:

disabilities is simply being patient and asking before touching them or offering assistance. Watch for clues indicating a sensitivity to sounds, tastes or the feel of some textures.

We are grateful to the following individuals who made this project possible:

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Laura Isenberg

Kelley Robson

Yaroslav Rybak

Nolan Fogelman

E.J. Waban

Wylonda Carr

Chance Hendricks

Becky Lagore

Melissa Jones

Amy Wilkinson

Ericka Leonard

Delana Brooks

Suzan Breen

Tracy Auxier

Vicky Davidson

Dave Kingsbury

Rachel Plaggenberg

