A “Professional Care Network” includes the people in your professional circles whom you rely on in times of crises, trauma, or disaster. People with strong relationships in areas listed below tend to report feeling more resilient when facing traumatic stress. These care relationships may include colleagues, community leaders, and first responders. In preparation for the next critical incident you may face, take time now to identify persons with whom you need to introduce yourself or strengthen relationship. Note, the listing below is a guide and you do not need to complete all the lines to achieve a healthy network. To feel supported, strive to build or strengthen relationships with at least 7 out of 10 areas below. Store a copy of this worksheet in a place you easily can access when you need it.

At any time, if you are concerned for your health or well-being, please consult with your primary physician or mental health care provider.

### Professional Care Network Inventory

#### People to know personally and foster a strong relationship with:
Include name and phone number on the lines below

Three trauma-informed individuals or counselors you trust:

1. _______________________________________
2. _______________________________________
3. _______________________________________

One or two psychiatrists you trust:

1. _______________________________________
2. _______________________________________
3. _______________________________________

One to three Social Workers you trust (at least one who is in trusted relationship with the local police department):

1. _______________________________________
2. _______________________________________
3. _______________________________________

### People & contact information to be aware of in case they are needed:
Include name and phone number on the lines below

Local Sheriff and / or Police Chief:

__________________________________________

Local Fire Chief:

__________________________________________

Local town or city emergency manager(s):

__________________________________________

Local Office of Emergency Management

*Include name, address, phone, email, and social media handles:

Name: ___________________________________
Address: ___________________________________
__________________________________________
Phone: ___________________________________
Email: ___________________________________
Facebook: ________________________________
Twitter: ___________________________________
People & contact information to be aware of in case they are needed:
Include name and phone number on the lines below

Three lawyers you trust:
1. _______________________________________
2. _______________________________________
3. _______________________________________

Three accountants, CPAs, or financial planners you trust:
1. _______________________________________
2. _______________________________________
3. _______________________________________

Local VOAD Chair:
Include name, address, phone, email, and social media handles:

Name: _________________________________
Address: _______________________________
________________________________________
Phone: _________________________________
Email: _________________________________
Facebook: ______________________________
Twitter: ________________________________
________________________________________
________________________________________
________________________________________